Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **July 1-15**, **2005.** The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

APPLICATION FOR		2. DATE SUBMITTED		cant Identifier	/ A		
FEDERAL ASSISTANCE			MANUAL WATER TO THE TOTAL TO TH		^		
TYPE OF SUBN Application	NOISSIN	Preap	plication	3. DATE RECEIVED BY	STATE	State Applicant Identifier	'A
☐ Construction		☐ Coi	nstruction	4. DATE RECEIVED 8	FEDERAL AGENCY	Federal Identifler	
☑ Non-Construction ☑ Non-Construction				N/	/A		
5. APPLICANT INF	ORMATION	1					
Legal Name: San Francisco, City and County of					Organizational Unit:		/
Organizational DUNS:					Division:		
Address (give city, county, state, and zip code):						number of person to be contacted	d on matters involving this
1 Dr. Carlton B. Goodlett Place					application (give area Name:	a code)	•
Suite 496		-		no sen la nasiona de la nomina de la companio del companio del companio de la companio del companio de la companio del companio de la companio del companio de la companio del com	Rod	Seym o øe	
San Fran	cisco, ÇA	94102	RECEI	VED	Phone: 415	-554-6165	
6. EMPLOYER IDE	NTIFICATIO	ON NUMB			7. TYPE OF APPLIC	ANT: (enter appropriate letter	in box)
	9460	00479	JUL 15	2005	A. State B. County	H. Independent School I	Dist. titution of Higher Learning
8. TYPE OF APPL	IÇATION:	- e-	TATE CLEARI	NG HOUSE	C. Municipal	J. Private University	addition of thigher ceathing
		1			D. Township	K. Indian Tribe	
	⊠ 1	vew	☐ Continuation	Revision	E. Interstate F. Intermunicipa	L. Individual M. Profit Organization	
If Revision, enter ap	opropriate let	tter(s) in bo	ox(es):		G. Special Distric	•	
A. Increase Awa		B. Decrea	· · · —	ncrease Duration			
D. Decrease Dui	ration (Other (spe	ecify):		9. NAME OF FEDER	RAL AGENCY:	,
					, i	Department of Justic	
					Office	of Community Oriented Pol	licing Services
10. CATALOG OF	FEDERAL D	OMESTIC	C ASSISTANCE N	JMBER:	11. DESCRIPTIVE T	THE OF APPLICANT'S PROJEC	CT:
			1 6	7 1 0	1		
TITLE: 2005 Te	áhnalom Y	 mitiotivo	· L				
12. AREAS AFFECTE			countles states etc)-			
		-, (-,,		,-			
13. PROPOSED P	PO JECT.	 -	44 CONODECO	ONAL DISTRICTS OF	•		· · · · · · · · · · · · · · · · · · ·
Start Date	Ending Da	re	a. Applicant	ONAL DISTRICTS OF	b. Project		
	anding De		а. друксант		D. Flojeci		
12/08/2004	12/07/2	2005					
15. ESTIMATED F	UNDING:			ANTI-OLIVORA DE LA CALLA D		ATION SUBJECT TO REVIEW B	Y STATE EXECUTIVE
a. Federal		\$		986,643.00		372 PROCESS?	
b. Applicant	·	s				S PREAPPLICATION/APPLICAT AILABLE TO THESTATE EXECU	
		3		.00.		OCESS FOR REVIEW ON:	THE ORDER 12372
c. State		S		.00	DA	TE - 7/5/19	\$
d. Local 5		טט.	b. NO. 🗀	PROGRAM IS NOT COVERED	D BY E.O. 12372		
e. Other		.00			EN SELECTED BY STATE		
f. Program Income		\$.00.		FOR REVIEW	
g. TOTAL		\$	~~~	.00.	17. IS THE APF	PLICANT DELINQUENT ON ANY If "Yes," attach an explanation.	/ FEDERAL DEBT? ☐ No
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.							
a. Typed Name of Authorized Representative b. Title Murlene J. Randle Direct			ctor,MOCJ		c. Telephone number 415 - 554 - 6564		
d. Signature of Authorized Representative				•	, ,		e. Date Signed
1/18/05							

OMB Approval No. 0348-0043



FTA

U.S. Department of Transportation

Federal Transit Administration

Application for Federal Assistance

Recipient ID:	1644
Recipient Name:	CITY OF LOS ANGELES
Project ID:	CA-03-0735-00
Budget Number:	1 - Budget Pending Approval
Project Information:	Chinatown Blossom Plaza Mixed-Use

Part 1: Recipient Information

Project Number:	CA-03-0735-00
Recipient ID:	1644
Recipient Name:	CITY OF LOS ANGELES
Address:	221 N. Figueroa Street SUITE 400, LOS ANGELES, CA 90012 0000
Telephone:	(213) 580-5414
Facsimile:	(213) 580-5458

Union Information

Recipient ID:	1644
Union Name:	LOS ANGELES POLICE PROTECTIVE LEAGUE
Address 1:	1308 W. 8th Street
Address 2:	Suite 400
City:	Los Angeles, CA 90017 0000
Contact Name:	Ted Hunt
Telephone:	(213) 251-4575
Telephone: Facsimile:	(213) 251-4575 (213) 251-4577
<u></u>	

Recipient ID:	1644
Union Name:	INTERNATIONAL BROTHERHOOD OF TEAMSTERS
Address 1:	25 Louisiana Avenue. N.W.
Address 2:	

RECEIVED
JUL 1 5 2005

STATE CLEARING HOUSE

City:	Washington, DC 20001 0000
Contact Name:	James Hoffa
Telephone:	(202) 624-6800
Facsimile:	(202) 624-8106
E-mail:	mbutler@teamster.org
Website:	

Recipient ID:	1644
Union Name:	TRANSPORTATION-COMMUNICATIONS INTERNATIONAL UNION
Address 1:	3 Research Place
Address 2:	·
City:	Rockville, MD 20850 0000
Contact Name:	Robert Scardelletti
Telephone:	(301) 948-4911
Facsimile:	(301) 330-7662
E-mail:	scardellttir@tcunion.org
Website:	

Recipient ID:	1644
Union Name:	UNITED TRANSPORTATION UNION
Address 1:	14600 Detroit Avenue
Address 2:	
City:	Cleveland, OH 44107 0000
Contact Name:	Cara McGinty
Telephone:	(216) 228-9400
Facsimile:	(216) 228-0937
E-mail:	c_mcgin@utu.org
Website:	

Recipient ID:	1644
Union Name:	AMALGAMATED TRANSIT UNION
Address 1:	5025 Wisconsin Ave. NW
Address 2:	
City:	Washington, DC 20016 4139
Contact Name:	Leo E. Wetzel
Telephone:	(202) 537-1645
Facsimile:	(202) 244-7824
E-mail:	
Website:	None

Recipient ID:	1644
Union Name:	PROFESSIONAL PEACE OFFICERS' ASSOCIATION
Address 1:	1100 Corporate Center Drive
Address 2:	
City:	Monterey Park, CA 91754
Contact Name:	John Stripes
Telephone:	(323) 261-3010
Facsimile:	(323) 261-1580
E-mail:	jstipes@ppoa.com
Website:	

1644
SEIU
1313 L Street, NW
Washington, DC 02005
Andrew Stern
(202) 898-3200
(202) 898-3402
sterna@seiu.org

Recipient ID:	1644
Union Name:	ALADS
Address 1:	828 W. Washington Blvd.
Address 2:	
City:	Los Angeles, CA 90015 3310
Contact Name:	Roy Burns
Telephone:	(213) 749-1020
Facsimile:	(213) 747-2705
E-mail:	rburns@alads.org
Website:	

Recipient ID:	1644
Union Name:	UNITED TRANSPORTATION UNION
Address 1:	14600 Detroit Ave.
Address 2:	
City:	Cleveland, OH 44107 4250
Contact Name:	Roy Arnold
Telephone:	(216) 228-9400

Facsimile:	(216) 228-0937
E-mail:	Bus@utu.org
Website:	

Part 2: Project Information

Project Type:	Grant		
Project Number:	CA-03-0735-00		
Project Description:	Chinatown Blossom Plaza Mixed-Use		
Recipient Type:	City		
FTA Project Mgr:	Ray Tellis 213.202.3956		
Recipient Contact:	Chuck Hammerstein 213.580.5414		
New/Amendment:	None Specified		
Amend Reason:	Initial Application		
Fed Dom Asst. #:	20500		
Sec. of Statute:	5309		
State Appl. ID:	None Specified		
Start/End Date:	Oct. 01, 2005 - Jun. 30, 2007		
Recvd. By State:	Jul. 07, 2005		
EO 12372 Rev:	YES		
Review Date:	Jul. 01, 2005		
Planning Grant?:	NO		
Program Date (STIP/UPWP/FTA Prm Plan) :	Jun. 10, 2005		
Program Page:	None Specified		
Application Type:	Electronic		
Supp. Agreement?:	No		
Debt. Delinq. Details:			

Gross Project Cost:	\$3,036,964
Adjustment Amt:	\$0
Total Eligible Cost:	\$3,036,964
Total FTA Amt:	\$1,485,043
Total State Amt:	\$0
Total Local Amt:	\$1,551,921
Other Federal Amt:	\$0
Special Cond Amt:	\$0
Special Condition:	None Specified
S.C. Tgt. Date:	None Specified
S.C. Eff. Date:	None Specified
Est. Oblig Date:	None Specified
Pre-Award Authority?:	Yes
Fed. Debt Authority?:	No
Final Budget?:	No

Urbanized Areas

UZA ID	UZA Name
60020	LOS ANGELESLONG BEACHSANTA ANA, CA

Congressional Districts

Version 7/03

APPLICATION FOR							Version 7/03	
FEDERAL ASSISTANCE	TANCE		2. DATE SUBMITTED			Applicant Idea	ntifier	
1. TYPE OF SUBMISSION:			3. DATE RECEIVED	BY	STATE State App		pplication Identifier	
Application	Pre-application		4. DATE RECEIVED	BY	FEDERAL AGENC	Y Federal Identifier		
Construction Non-Construction	Construction					, Garanasin		
5. APPLICANT INFORMATION	Non-Constru	uction						
Legal Name:					Organizational U	nit;		
West Valley Water District	E C	and lance to	Blooms & B. October Concession		Department: Operations			
Organizational DUNS: D08078529		CEIVED	Division:					
Address:							erson to be contacted on matters	
Street: 655 W. Baseline Ave		JUL	1 4 2005	ocupanion of the contract of t	involving this ap	plication (give are First Name:	ea code)	
			Mr.		Mr.	Leon		
Cily: Rialto	STA	ATE CL	EARING HOUSE		Middle Name			
County: San Bernardino		A CONTRACTOR OF THE PARTY OF TH			Last Name Long			
State: California	Zlp Code 92376				Suffix:			
Country:	02370				Email;			
6. EMPLOYER IDENTIFICATION	N NIMBED (EI	N/I ·			leon@wvwd.org Phone Number (g	\(\alpha\) \(\alpha\)	Fax Number (give area code)	
<u> </u>	,	· v).			(909) 875-1804	ve area code)	,-	
95-6006490 8. TYPE OF APPLICATION:						LICANT: (Can bar	(909) 875-1804	
8. THE OF APPLICATION:	w 🏻 Cont	N			7. TYPE OF APP	LICANT: (See Dad	k of form for Application Types)	
If Revision, enter appropriate lett	ter(s) in box(es)	inuatio	n 🏻 Revision		G			
(See back of form for description	of letters.)				Other (specify)			
Other (specify)	•		Land		9. NAME OF FED Environmental Pr			
10. CATALOG OF FEDERAL	DOMESTIC ASS	ISTANC	E NUMBER:		11. DESCRIPTIV	E TITLE OF APPL	CANT'S PROJECT:	
TITLE (Name of Program):			66-606]			resin media from the ion exchange of perchlorate from the drinking	
12. AREAS AFFECTED BY PR	OJECT (Cities,	Counties	, States, etc.):	·····				
Cities of Rialto, Colton and Font	tana and the Cou	unty of S	an Bernardino, CA					
13. PROPOSED PROJECT						ONAL DISTRICTS		
Start Date: August 2005	Ending Date: August 2006				a. Applicant 43rd, Baca		b. Project 43rd, Baca	
15. ESTIMATED FUNDING:	1				16. IS APPLICAT		REVIEW BY STATE EXECUTIVE	
a. Federal \$			- uo -		ORDER 12372 PR	ROCESS?	N/APPLICATION WAS MADE	
			288,700		1 / NAM	LABLE 10 THE GI	ATE EXECUTIVE ORDER 12312	
b. Applicant West Valley Water District			59,053			CESS FOR REVIE	W ON	
c. State \$			Du		DATE	: 6/30/05		
d. Local \$.00		b. NO PRO	GRAM IS NOT CO	VERED BY E. O. 12372	
e. Other Riatto, Colton & Fontana			177,159				OT BEEN SELECTED BY STATE	
f. Program Income \$			777,100			REVIEW ICANT DELINQUE	NT ON ANY FEDERAL DEBT?	
g. TOTAL \$	· ·		au		_			
			524,912		i .	tach an explanatio		
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZED I	3Y THE	GOVERNING BODY	OF 1	LICATION/PREAF THE APPLICANT A	PLICATION ARE IND THE APPLICA	TRUE AND CORRECT. THE ANT WILL COMPLY WITH THE	
a, Authorized Representative Prefix Mr.	First Name		· · · · · · · · · · · · · · · · · · ·			ddle Name		
Last Name	Anthony	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			V	V. ffix		
Araiza			**************************************					
b. Title General Manager					/ (Telephone Numbe 109) 875-1804	' (give area code)	
d. Signature of Althorized Repre	esentative			RE	CEIVED	Date Signed	12-65	
Previous Edition Usable Authorized for Local Reproduction	on C	7	1	MAY	1 3 2005		Sundard Form 424 (Rev.9-2003)	

GMO, PMD-7

FEDERAL ASSISTANCE	=	2. DATE SUBMITTE	D	Applicant Identifier	sion 7/03
1. TYPE OF SUBMISSION:		07/14/2005 3. DATE RECEIVED	EV CTATE		.,
Application	Pre-application	S. DATE RECEIVED	DISIMIE	State Application Identifier	
Construction	Construction	4. DATE RECEIVED BY FEDERAL A		Federal Identifier	
Non-Construction	Non-Construction	<u> </u>	***		
5. APPLICANT INFORMATION Legal Name:			Organizational Un	it-	
Police Assessment Resource C	ented Inc	A CONTRACT OF THE PARTY OF THE	Department:	n	
Organizational DUNS: 087851320	REC	EIVED +	Division:		
Address:		0 2005	Name and telepho	no number of person to be contacted on m	atters
Street: 520 So. Grand Ave., Suite 1070)	3 2005	involving this app Profix:	lication (give area code) First Name:	
City; Los Angeles	STATE CLE	ARING HOUSE	Middle Name	Allyson	~
County: Los Angeles	AND THE PROPERTY OF THE PROPER	Comments in the Comments of th	Last Name Collins		
State: CA	Zip Code		Sulfix;	· ·	
Country:	900/1		Email:		
USA			ыllysoncollina@par		
G. EMPLOYER IDENTIFICATION			Phone Number (give	Fux Number (give area code	1)
1 3 -4 1 7 8 0 7 1 B. TYPE OF APPLICATION:]		(213) 797-1102	(213) 623-5959	
B. TIPE OF APPLICATION:	w 🖽 Continuatio		7. TYPE OF APPLI	CANT: (See back of form for Application Type	es)
If Revision, enter appropriate lett (See back of form for description	ler(s) in box(as)	on Revision	O - Not for Profit Other (specify)		
Other (specify)		11	9. NAME OF FEDE		
10. CATALOG OF FEDERAL I	DOMESTIC ASSISTAN	CE NUMBER:		y Oriented Policing Services TITLE OF APPLICANT'S PROJECT:	
TITLE (Name of Program): Public Safety and Community P	olicing Grants	16-710	Evaluation and Ana Police-Community	lysis of the Posadena Police Department Mediation and Dialogue Program	
12. AREAS AFFECTED BY PR	OJECT (Cilies, Counties	s, States, otc.):			
Pasadena, CA 13. PROPOSED PROJECT		A	1		
Stort Date:	Ending Date:		a. Applicant	h. Project	
08/01/2005	12/31/2006	·	CA 29th	CA 29íh	
15. ESTIMATED FUNDING:			16. IS APPLICATIO	N SUBJECT TO REVIEW BY STATE EXECU	UTIVE
a. Federal		35,000	a Yes IZI THIS PI	REAPPLICATION/APPLICATION WAS MADE	
b. Applicant \$.00	AVAILA	BLE TO THE STATE EXFCUTIVE ORDER 1: SS FOR REVIEW ON	2372
c. State \$.00	DATE:	07/14/2005	
d. Local \$		<u>. au</u>	b. No. I PROGR	AM IS NOT COVERED BY F. O. 12372	
e. Other \$			OK PRO	OGRAM HAS NOT BEEN SELECTED BY STA	ATE
f. Program Income	•		17. IS THE APPLIC	ANT DELINQUENT ON ANY FEDERAL DEB	T? "
g. IOTAL \$		35,000 ·	☐ Yes If "Yes" attac	in en explanation.	
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY A ATTACHED ASSURANCES IF T	AUTHORIZED BY THE	GOVERNING BODY O	PPLICATION/PREAPPI F THE APPLICANT AN	ICATION ARE TRUE AND CORRECT, THE THE APPLICANT WILL COMPLY WITH THE	HE
a. Authorized Representative. Prefix					
	First Name Allyson		Middl	e Name	_
Last Name Collins			Suffix		
TUIA					
o. Title Deputy Director			c. Tel	ephone Number (give area code) 797-1102	
o. Title Deputy Director 1. Signature of Authorized Rocke.	in Malive	 .	(213) e. Da	ephone Number (give area code) 797-1102 In Signed 4/2005	

APPLICATION FOR

	$\Lambda M \Gamma =$	2 DATE CURMITTE			No.)348
FEDERAL ASSIST	~I10E	2. DATE SUBMITTE	υ	Applicant Identifier	
. TYPE OF SUBMISSION:		3 DATE OF CENTER	DV OTAT		
Application	Preapplication	3. DATE RECEIVED	BY STATE	State Application Identifier	
Construction	Construction	4. DATE RECEIVED	BY FEDERAL AGENCY		
Non-Construction	Non-Construction	THE RESERVED	BI FEDERAL AGENCY	Federal Identifier	
APPLICANT INFORMATIO gal Name:	N				
City	of Freeno		Organizational Unit:		
dress (give city, county, Stat	of Fresno DUN	<u>NS 071887855</u>		Police Departmen	+
2600	Fresno Street		Name and telephone	number of person to be contacted on ma	tter: invo
Fresn	10, CA 93721		uris application (give a	rea code)	
		?ECFIVF	Ms. Ju	dy Garcia (559)62	1-20
EMPLOYER IDENTIFICATION	ON NUMBER (EIN):			NT: (enter appropriate letter in box)	
94 6 0 0	0 3 3 8	JUL 1 3 2005		(one: appropriate letter in box)	1
TYPE OF APPLICATION:		1 0 5000	A State	H. Independent School Dist.	l
X Ne	Da STA	TE CHEADING HOL	B County	1. State Controlled Institution of Higher L	ean ling
		TE CETARING.HOL	JSEQ Municipal D. Township	J. Private University	-
evision, enter appropriate let	tter(s) in box(es)		E. Interstate	K. Indian Tribe	
. Increase Award B. Dec			_	L. Individual M. Profit Organization	
. Decrease Duration Other	crease Award C. Increase	e Duration	1	N. Other (Specify)	
oulei((opecity).				
			9. NAME OF FEDERA	L AGENCY:	
			Community	Oriented Policing S	Servi
CATALOG OF FEDERAL D	OMESTIC ASSISTANCE NU	MBER:		E OF APPLICANT'S PROJECT:	
Public S	_		COPS Inton	E OF APPLICANT'S PROJECT:	
		116-710	Login Incel	pperable Communicat	icn
TITLE: partners AREAS AFFECTED BY PRO	hip & Communi	ty Policina	Technology	Crant	
			1	Grant	
Trace	States, Counties, States	tes, etc.):		Grant	
Fresno Coun	nty	es, etc.):		GLANT	
Fresno Coun	ity			GIANT	
Fresno Coun	14. CONGRESSIONAL DIS			GLANT	
Fresno Coun PROPOSED PROJECT Date Ending Date	14. CONGRESSIONAL DIS a. Applicant		b. Project	GLANT	
PROPOSED PROJECT Date Ending Date 9-30-06	14. CONGRESSIONAL DIS				
PROPOSED PROJECT Date Ending Date 9-30-06	14. CONGRESSIONAL DIS a. Applicant		b. Project 18,19,20 &	21	UTI /F
PROPOSED PROJECT Date Ending Date 9-30-06 STIMATED FUNDING:	14. CONGRESSIONAL DIS a. Applicant 20 & 21		b. Project 18,19,20 &	21 JBJECT TO REVIEW BY STATE EXEC	:UT! /E
PROPOSED PROJECT Date Ending Date 9-30-06 STIMATED FUNDING:	14. CONGRESSIONAL DIS a. Applicant 20 & 21	TRICTS OF:	b. Project 18,19,20 & 16. IS APPLICATION SI ORDER 12372 PRO	21 UBJECT TO REVIEW BY STATE EXEC CESS?	
PROPOSED PROJECT Date Ending Date 9-30-06 STIMATED FUNDING:	14. CONGRESSIONAL DIS a. Applicant 20 & 21		b. Project 18,19,20 & 16. IS APPLICATION SI ORDER 12372 PRO a. YES. THIS PREAPE	21 JBJECT TO REVIEW BY STATE EXEC CESS? PLICATION/APPLICATION WAS MADE	
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Fresno Coun PROPOSED PROJECT Date Ending Date 9-30-06 STIMATED FUNDING: deral	14. CONGRESSIONAL DIS a. Applicant 20 & 21	0,000.00	b. Project 18,19,20 & 16. IS APPLICATION SI ORDER 12372 PRO a. YES. THIS PREAPPLICATION SI AVAILABLE T	21 JBJECT TO REVIEW BY STATE EXEC CESS? PLICATION/APPLICATION WAS MADE	
Fresno Coun ROPOSED PROJECT Date Ending Date -1-05 9-30-06 STIMATED FUNDING: deral Dicant	14. CONGRESSIONAL DIS a. Applicant 20 & 21 \$ 6,000 \$	0,000.00	b. Project 18,19,20 & 16. IS APPLICATION SI ORDER 12372 PRO a. YES. THIS PREAPPLICATION SI AVAILABLE TO PROCESS FO	21 JBJECT TO REVIEW BY STATE EXEC CESS? PLICATION/APPLICATION WAS MADE O THE STATE EXECUTIVE ORDER 12 OR REVIEW ON:	
Fresno Coun PROPOSED PROJECT Date	14. CONGRESSIONAL DIS a. Applicant 20 & 21 \$ 6,000	0,000.00	b. Project 18,19,20 & 16. IS APPLICATION SI ORDER 12372 PRO a. YES. THIS PREAPPLAVAILABLE TO PROCESS FOR	21 JBJECT TO REVIEW BY STATE EXECT CESS? PLICATION/APPLICATION WAS MADE O THE STATE EXECUTIVE ORDER 12 OR REVIEW ON: -13-05	
Fresno Coun PROPOSED PROJECT Date 9-30-06 ESTIMATED FUNDING: deral plicant tte	14. CONGRESSIONAL DIS a. Applicant 20 & 21 \$ 6,000 \$	0,000.00 0,000.00	b. Project 18,19,20 & 16. IS APPLICATION SI ORDER 12372 PRO a. YES. THIS PREAPPLICATION SI AVAILABLE TO PROCESS FOR THE TO PROCESS FOR THE TO PROGRAM	21 UBJECT TO REVIEW BY STATE EXECT CESS? PLICATION/APPLICATION WAS MADE O THE STATE EXECUTIVE ORDER 12 OR REVIEW ON: -13-05 IS NOT COVERED BY E. O. 12372	372
Fresno Coun PROPOSED PROJECT Date Ending Date 9-30-06 ESTIMATED FUNDING: Ideral Project State	14. CONGRESSIONAL DIS a. Applicant 20 & 21 \$ 6,000 \$	0,000.00	b. Project 18,19,20 & 16. IS APPLICATION SI ORDER 12372 PRO a. YES. THIS PREAP! AVAILABLE T PROCESS FO DATE	21 UBJECT TO REVIEW BY STATE EXECT CESS? PLICATION/APPLICATION WAS MADE O THE STATE EXECUTIVE ORDER 12 OR REVIEW ON: -13-05 IS NOT COVERED BY E. O. 12372 AM HAS NOT BEEN SELECTED BY ST.	372
Fresno Coun PROPOSED PROJECT Date Ending Date 9-30-06 STIMATED FUNDING: deral Plicant te te te te te te te	14. CONGRESSIONAL DIS a. Applicant 20 & 21 \$ 6,000 \$	0,000.00 0,000.00	b. Project 18,19,20 & 16. IS APPLICATION SI ORDER 12372 PRO a. YES. THIS PREAPPLICATION SI AVAILABLE TO PROCESS FOR THE TO PROCESS FOR THE TO PROGRAM	21 UBJECT TO REVIEW BY STATE EXECT CESS? PLICATION/APPLICATION WAS MADE O THE STATE EXECUTIVE ORDER 12 OR REVIEW ON: -13-05 IS NOT COVERED BY E. O. 12372 AM HAS NOT BEEN SELECTED BY ST.	372
Fresno Coun PROPOSED PROJECT Date Ending Date 9-30-06 ISTIMATED FUNDING: deral	14. CONGRESSIONAL DIS a. Applicant 20 & 21 \$ 6,000 \$ \$	0,000.00 0,000.00 0,000.00	b. Project 18,19,20 & 16. IS APPLICATION SI ORDER 12372 PRO a. YES. THIS PREAPI AVAILABLE T PROCESS FO DATE	21 UBJECT TO REVIEW BY STATE EXECT CESS? PLICATION/APPLICATION WAS MADE O THE STATE EXECUTIVE ORDER 12 OR REVIEW ON: -13-05 IS NOT COVERED BY E. O. 12372 AM HAS NOT BEEN SELECTED BY ST. W	372 ATE
Fresno Coun PROPOSED PROJECT Date Ending Date 9-30-06 STIMATED FUNDING: deral Proposed Propos	14. CONGRESSIONAL DIS a. Applicant 20 & 21 \$ 6,000 \$ \$ \$ \$ \$ \$ \$ \$	0,000.00 0,000.00 00.00	b. Project 18,19,20 & 16. IS APPLICATION SI ORDER 12372 PRO a. YES. THIS PREAPE AVAILABLE T PROCESS FO DATE	21 JBJECT TO REVIEW BY STATE EXECTESS? PLICATION/APPLICATION WAS MADE OF THE STATE EXECUTIVE ORDER 12 OR REVIEW ON: -13-05 IS NOT COVERED BY E. O. 12372 AM HAS NOT BEEN SELECTED BY STAN	372 ATE
Fresno Coun PROPOSED PROJECT Date Ending Date 9-30-06 STIMATED FUNDING: deral Dilicant Ending Date 9-30-06 policant Ending Date 9-30-06 STIMATED FUNDING:	14. CONGRESSIONAL DIS a. Applicant 20 & 21 \$ 6,000 \$ \$ \$ 2,000	0,000.00 0,000.00 0,000.00	b. Project 18,19,20 & 16. IS APPLICATION SI ORDER 12372 PRO a. YES. THIS PREAPPLANT AVAILABLE TO PROCESS FOR PROGRAM OF PROGRAM FOR REVIEW 17. IS THE APPLICANT TO THE PROPERTY OF THE PROCESS TO PROGRAM OF THE PROGR	21 UBJECT TO REVIEW BY STATE EXECT CESS? PLICATION/APPLICATION WAS MADE O THE STATE EXECUTIVE ORDER 12 OR REVIEW ON: -13-05 IS NOT COVERED BY E. O. 12372 AM HAS NOT BEEN SELECTED BY ST. V DELINQUENT ON ANY FEDERAL DEB	372 ATE
Fresno Coun PROPOSED PROJECT Date Ending Date 9-30-06 STIMATED FUNDING: Dicant Dic	14. CONGRESSIONAL DIS a. Applicant 20 & 21 \$ 6,000 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	0,000.00 0,000.00 0,000.00	b. Project 18,19,20 & 16. IS APPLICATION SI ORDER 12372 PRO a. YES. THIS PREAPI AVAILABLE T PROCESS FO DATE	21 UBJECT TO REVIEW BY STATE EXECT CESS? PLICATION/APPLICATION WAS MADE O THE STATE EXECUTIVE ORDER 12 OR REVIEW ON: -13-05 IS NOT COVERED BY E. O. 12372 AM HAS NOT BEEN SELECTED BY STAN	372 ATE T?
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PROPOSED PROJECT Date Ending Date 9-30-06 STIMATED FUNDING: deral plicant te al er THE BEST OF MY KNOWL MENT HAS BEEN DULY A CHED ASSURANCES IF THE NAME of Authorized Representations Name of Authorized Representations	14. CONGRESSIONAL DIS a. Applicant 20 & 21 \$ 6,000 \$ \$ 2,000 \$ \$ 8,000 EDGE AND BELIEF, ALL D UTHORIZED BY THE GOVE HE ASSISTANCE IS AWARD Sentative	0,000.00 0,000.00 0,000.00 00 00 00	b. Project 18,19,20 & 16. IS APPLICATION SI ORDER 12372 PRO a. YES. THIS PREAP! AVAILABLE T PROCESS FO DATE	21 UBJECT TO REVIEW BY STATE EXECTORS? PLICATION/APPLICATION WAS MADE O THE STATE EXECUTIVE ORDER 12 OR REVIEW ON: -13-05 IS NOT COVERED BY E. O. 12372 AM HAS NOT BEEN SELECTED BY STAN DELINQUENT ON ANY FEDERAL DEB Ch an explanation. V ARE TRUE AND CORRECT, THE APPLICANT WILL COMPLY WITH THE	372 ATE T?
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PROPOSED PROJECT Date Ending Date 9-30-06 STIMATED FUNDING: deral plicant te al THE BEST OF MY KNOWL MENT HAS BEEN DULY A CHED ASSURANCES IF THE Name of Authorized Representations of Authorized Representatio	14. CONGRESSIONAL DIS a. Applicant 20 & 21 \$ 6,000 \$ \$ 2,000 \$ \$ \$ 4,000 LEDGE AND BELIEF, ALL D UTHORIZED BY THE GOVE HE ASSISTANCE IS AWARE Sentative b.	0,000.00 0,000.00 0,000.00 00 00 00	b. Project 18,19,20 & 16. IS APPLICATION SI ORDER 12372 PRO a. YES. THIS PREAP! AVAILABLE T PROCESS FO DATE	21 UBJECT TO REVIEW BY STATE EXECTORS? PLICATION/APPLICATION WAS MADE O THE STATE EXECUTIVE ORDER 12 OR REVIEW ON: -13-05 IS NOT COVERED BY E. O. 12372 AM HAS NOT BEEN SELECTED BY STAV DELINQUENT ON ANY FEDERAL DEB Ch an explanation. VARE TRUE AND CORRECT, THE APPLICANT WILL COMPLY WITH THE Telephone Number (559) 621-7782 Date Signed	372 ATE T?
Fresno Coun PROPOSED PROJECT Date 9-30-06 ESTIMATED FUNDING: deral plicant Ate Date 9-30-06 TAL DITHE BEST OF MY KNOWL DIMENT HAS BEEN DULY A CHED ASSURANCES IF THE NAME OF Authorized Representations of Authori	14. CONGRESSIONAL DIS a. Applicant 20 & 21 \$ 6,000 \$ \$ 2,000 \$ \$ \$ 4,000 LEDGE AND BELIEF, ALL D UTHORIZED BY THE GOVE HE ASSISTANCE IS AWARE Sentative b.	0,000.00 0,000.00 0,000.00 00 00 00	b. Project 18,19,20 & 16. IS APPLICATION SI ORDER 12372 PRO a. YES. THIS PREAP! AVAILABLE T PROCESS FO DATE	21 UBJECT TO REVIEW BY STATE EXECTORS? PLICATION/APPLICATION WAS MADE OF THE STATE EXECUTIVE ORDER 12 OR REVIEW ON: -13-05 IS NOT COVERED BY E. O. 12372 AM HAS NOT BEEN SELECTED BY STAV DELINQUENT ON ANY FEDERAL DEB OR ANY PEDERAL DEB	372 ATE T?

APPLICATION FOR FEDERAL ASSISTANCE	2. DATE SUE 07/11/2005	BMITTED		API	Applicant Identifier		
SF 424 (R&R)	3. DATE REC	EIVED B	YSTATE	Sta	te Application	Identifier	
1. * TYPE OF SUBMISSION	4. Federal						
Pre-application Changed/Corrected Application							
5. APPLICANT INFORMATION			* Organizat	ional DUNS:	194239018000	00	
* Legal Name: Smiths Detection Inc.							
Department:	Division: Pasadena, CA			1			
* Street1: 2202 Lakeside Boulevard	Street2:						
* City: Edgewood Cou	nty: Harford	* * * * * * * * * * * * * * * * * * * *		* State	o: MD	* ZIP Code: 21040	
* Country: USA	, ,					21040	
Person to be contacted on matters involving this applica	tion						
Prefix: * First Name:	Middle Name:			* Last Name	:	Suffix:	
Ms. Jill				Myrick			
* Phone Number: 410 510-9212 Fa	x Number: 41	0 510-949	8	Email:	jill.myrick@sm	ithsdetection.com	
6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):		7. * TYI	E OF APPLICA	NT:			
22-3552823			N: For-p	rofit Organizat	ion (other than	small business)	
8. * TYPE OF APPLICATION: V New		Other (Sp	ecify):				
Resubmission Renewal Continuation R	evision	☐ Wom	en Owned	Small Busine	Socially and	Type d Economically Disadvantaged	
If Revision, mark appropriate box(es).		9. * NAME OF FEDERAL AGENCY:					
A. Increase Award B. Decrease Award C. Incr	ease Duration	DOT/Fe	deral Aviation Ad	Iministration (C	EP		
D. Decrease Duration E. Other (specify)		10. CAT	ALOG OF FEDI	ERAL DOMES	TIC ASSISTAN	ICF NUMBER-	
* Is this application being submitted to other agencies?	Yes No	20.108					
What other Agencies?		TITLE:	Aviation Resear	rch Grants			
11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT							
Low cost, light weight, distributed chemical sensor array	for aircraft cabir	air qualit	y surveillance		** ***********************************		
12. * AREAS AFFECTED BY PROJECT (cities, counties Pasadena, CA Oklahoma City, OK	, states, etc.)						
13. PROPOSED PROJECT:		14 CON	GDECCIONAL	NETEROTO OF			
* Start Date * Ending Date		14. CONGRESSIONAL DISTRICTS OF a. Applicant		-: b. * Project			
08/01/2005 11/01/2007		1	rict California		29th District (California	
15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR	CONTACT INFO	DRMATIO	N				
Prefix: * First Name: N. Dr. Steven	Middle Name:		· · · · · · · · · · · · · · · · · · ·	* Last Name:		Suffix:	
			İ	Sunshine	2 MANAGEMENT		
Position/Title: President	☐ * Organizatio	n Name:	Smiths Detection	on Inc.			
Department:	Division:		Pasadena, CA		14.00		
* Street1: 73 N. Vinedo Avenue	Street2:						
* City: Pasadena Count	ty: Los Angele	8		* State:	CA *	ZIP Code: 91107	
* Country: USA						i	
* Phone Number: 626 240-4226 Fax	Number: 626 8	344-0278		* Email: s	teven.sunshine	e@smithsdetection.com	

RECEIVED

JUL 1 1 2005

STATE CLEARING HOUSE

OMB Number: 4040-0001 Expiration Date: 04/30/2008 Street2

Fax Number: 410 510-9498

County: Harford

* State: MD

* Date Signed

Completed on submission to Grants.gov

Add Attachment

* Email: |jill.myrick@smithsdetection.com

* Street1:

* Country:

* City: Edgewood

20. Pre-application

USA * Phone Number: 410 510-9212

2202 Edgewood Boulevard

* Signature of Authorized Representative

Completed on submission to Grants.gov

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE Page 2 16. ESTIMATED PROJECT FUNDING 17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE **ORDER 12372 PROCESS?** a. * Total Estimated Project Funding a. YES THIS PREAPPLICATION/APPLICATION WAS MADE 1,250,000.00 AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 b. * Total Federal & Non-Federal Funds 1,250,000.00 PROCESS FOR REVIEW ON: DATE: 07/11/2005 c. * Estimated Program Income 0.00 b. NO PROGRAM IS NOT COVERED BY E.O. 12372; OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW 18. By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances * and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001) ✓ * I agree * The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions. 19. Authorized Representative Prefix: * First Name: Middle Name * Last Name: Suffix: Ms. Myrick * Position/Title: Director, Legal & Contracts * Organization: Smiths Detection Inc. Department: Division:

OMB Number: 4040-0001

Expiration Date: 04/30/2008

* ZIP Code: 21040



First Program Year Action Plan

RECEIVED

JUL 1 3 2005

STATE CLEARING HOUSE

The CPMP First Annual Action Plan includes the SF 424 and Narrative Responses to Action Plan questions that CDBG, HOME, HOPWA, and ESG grantees must respond to each year in order to be compliant with the Consolidated Planning Regulations. The Executive Summary narratives are optional.

SE 424

Complete the fillable fields (blue cells) in the table below. The other items are prefilled with values from the Grantee Information Worksheet.

Date Submitted: 5/10/2005	Applicant Identifier	Type of S	ubmission		
Date Received by state	State Identifier	Application	Pre-application		
Date Received by HUD	Federal Identifier		☐ Construction		
		Non Construction ■ Non Construction Non Constructio	■ Non Construction		
Applicant Informati	on				
County of Fresno		CA69019 FRESNO COL	CA69019 FRESNO COUNTY		
2220 Tulare Street, 8th Floor		/078787397			
0		0			
Fresno	California	Public Works and Plani	ning Department		
93721	Country U.S.A.	Community Developme	ent Division		
Employer Identification N	umber (EIN):	Fresno County			
94-6000512		7/1			
Applicant Type:		Specify Other Type i	f necessary:		
Local Government: County		Specify Other Type			
Program Funding Catalogue of Federal Domest Areas Affected by Project(s)		Housing and U ; Descriptive Title of App			
Community Developme		14.218 Entitlement 0			
CDBG Project Titles - Area Based Policing		Description of Areas Af Project(s)	fected by CDBG		
 CDBG Housing Program Adr Fair Housing Activities General Management, Over Housing Rehabilitation Loan 	sight, and Coordinatio		alinga, Kerman,		
Rental) - Public Information - Social Services Programs - City Contingency Funds - Unallocated County Funds - Clovis Woodworth/Pollasky from Second to Third St. (05 - Clovis DeWitt/Woodworth A from Fourth to Fifth Streets (- Clovis College Square Area	142) lley Reconstruction 05143)				

Cherry Lane and Harvard Av	(OF144)	
- Clovis Housing Rehabilitati		
(05724)	on improvements	
- Clovis Property Acquisition	for Affordable Housing	
(05725)	Tot Attordable Housing	
- Clovis Summer Youth Emp	loyment - Painting	
(05726)	ioyment rameng	
- Clovis Summer Youth Emp	lovment - Landscaping	
(05833)	royment Lanascaping	
- Clovis Section 108 Loan Re	epayment - Mi Rancho	
- Clovis Section 108 Loan Re		
- Coalinga (Project To Be De		
- Kerman Teen Center Section		t
- Kerman (Project To Be Det		
- Kingsburg 19th Street Side		
Improvements (05122)		
- Mendota 7th Street Improv	vements (05148)	
- Parlier Santa Fe Ditch Corr	idor Pedestrian Pathway	
(05145)		State of the Control
- Parlier (Project To Be Dete		
- Reedley Early/Sunset Sewe	er Line Replacement	
(05150)		
- Reedley (Project To Be Det	termined)	
- Selma First/High/North Str	eet Improvements	And the second of the second o
(05141)		
- Sanger Community Center	Improvements, Phase	
III (05066)		
- Dos Palos (CSA 38-A) Wate	erline Replacement	
(05140)		
- O'Neill (CSA 49) Surface W	later Treatment	
Facilities (05130)	. 51 *** (05004)	
- Lanare Wellhead Treatmen	t - Phase II (05091)	
	t - Phase II (05091) \$0	
- Lanare Wellhead Treatmen \$5,500,509		40
- Lanare Wellhead Treatmen		\$0
- Lanare Wellhead Treatmen \$5,500,509		\$0 \$0
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- Lanare Wellhead Treatmen \$5,500,509 \$0 \$0	\$0	
- Lanare Wellhead Treatmen \$5,500,509 \$0 \$0 \$915,150 (program income)	\$0	\$0
- Lanare Wellhead Treatmen \$5,500,509 \$0 \$0 \$915,150 (program income) Home Investment Part	\$0	\$0 14.239 HOME
- Lanare Wellhead Treatmen \$5,500,509 \$0 \$0 \$915,150 (program income)	\$0	\$0 14.239 HOME Description of Areas Affected by HOME
- Lanare Wellhead Treatmen \$5,500,509 \$0 \$0 \$915,150 (program income) Home Investment Part HOME Project Titles	\$0	\$0 14.239 HOME
- Lanare Wellhead Treatmen \$5,500,509 \$0 \$0 \$915,150 (program income) Home Investment Part HOME Project Titles - Administration of HOME	\$0 nerships Program	\$0 14.239 HOME Description of Areas Affected by HOME Project(s)
- Lanare Wellhead Treatmen \$5,500,509 \$0 \$0 \$915,150 (program income) Home Investment Part HOME Project Titles - Administration of HOME - Downpayment Assistance (\$0 nerships Program (HOME)	\$0 14.239 HOME Description of Areas Affected by HOME Project(s) The unincorporated area of Fresno County
- Lanare Wellhead Treatmen \$5,500,509 \$0 \$0 \$915,150 (program income) Home Investment Part HOME Project Titles - Administration of HOME - Downpayment Assistance (- Downpayment Assistance (so nerships Program (HOME) (ADDI)	\$0 14.239 HOME Description of Areas Affected by HOME Project(s) The unincorporated area of Fresno County The cities of Clovis, Coalinga, Kerman,
- Lanare Wellhead Treatmen \$5,500,509 \$0 \$0 \$915,150 (program income) Home Investment Part HOME Project Titles - Administration of HOME - Downpayment Assistance (- Downpayment Assistance (- HOME CHDO Set-Aside Affe	so nerships Program (HOME) (ADDI) ordable Housing	\$0 14.239 HOME Description of Areas Affected by HOME Project(s) The unincorporated area of Fresno County The cities of Clovis, Coalinga, Kerman, Kingsburg, Mendota, Parlier, Reedley,
+ Lanare Wellhead Treatmen \$5,500,509 \$0 \$0 \$915,150 (program income) Home Investment Part HOME Project Titles - Administration of HOME - Downpayment Assistance (- Downpayment Assistance (- HOME CHDO Set-Aside Afford	so nerships Program (HOME) (ADDI) ordable Housing nincorporated Area	\$0 14.239 HOME Description of Areas Affected by HOME Project(s) The unincorporated area of Fresno County The cities of Clovis, Coalinga, Kerman,
+ Lanare Wellhead Treatmen \$5,500,509 \$0 \$0 \$915,150 (program income) Home Investment Part HOME Project Titles - Administration of HOME - Downpayment Assistance (- Downpayment Assistance (- HOME CHDO Set-Aside Afford Development in Cities and U - Housing Rehabilitation Loa	(HOME) (ADDI) ordable Housing nincorporated Area ns in Cities and	\$0 14.239 HOME Description of Areas Affected by HOME Project(s) The unincorporated area of Fresno County The cities of Clovis, Coalinga, Kerman, Kingsburg, Mendota, Parlier, Reedley,
+ Lanare Wellhead Treatmen \$5,500,509 \$0 \$0 \$915,150 (program income) Home Investment Part HOME Project Titles - Administration of HOME - Downpayment Assistance (- Downpayment Assistance (- HOME CHDO Set-Aside Afford Development in Cities and U - Housing Rehabilitation Loa Unincorporated Area (Owner)	(HOME) (ADDI) ordable Housing nincorporated Area ns in Cities and Occupied)	\$0 14.239 HOME Description of Areas Affected by HOME Project(s) The unincorporated area of Fresno County The cities of Clovis, Coalinga, Kerman, Kingsburg, Mendota, Parlier, Reedley,
+ Lanare Wellhead Treatmen \$5,500,509 \$0 \$0 \$915,150 (program income) Home Investment Part HOME Project Titles - Administration of HOME - Downpayment Assistance (- Downpayment Assistance (- HOME CHDO Set-Aside Afford Development in Cities and U - Housing Rehabilitation Load Unincorporated Area (Owner - Lead Based Paint Testing a	(HOME) (ADDI) ordable Housing nincorporated Area ns in Cities and Occupied)	\$0 14.239 HOME Description of Areas Affected by HOME Project(s) The unincorporated area of Fresno County The cities of Clovis, Coalinga, Kerman, Kingsburg, Mendota, Parlier, Reedley,
+ Lanare Wellhead Treatmen \$5,500,509 \$0 \$915,150 (program income) Home Investment Part HOME Project Titles - Administration of HOME - Downpayment Assistance (- Downpayment Assistance (- HOME CHDO Set-Aside Afford Development in Cities and U - Housing Rehabilitation Load Unincorporated Area (Owner Lead Based Paint Testing a Relocation Assistance	(HOME) (ADDI) ordable Housing nincorporated Area ns in Cities and Occupied) and Abatement	\$0 14.239 HOME Description of Areas Affected by HOME Project(s) The unincorporated area of Fresno County The cities of Clovis, Coalinga, Kerman, Kingsburg, Mendota, Parlier, Reedley,
+ Lanare Wellhead Treatmen \$5,500,509 \$0 \$0 \$915,150 (program income) Home Investment Part HOME Project Titles - Administration of HOME - Downpayment Assistance (- Downpayment Assistance (- HOME CHDO Set-Aside Afford Development in Cities and U - Housing Rehabilitation Load Unincorporated Area (Owner - Lead Based Paint Testing a	(HOME) (ADDI) ordable Housing nincorporated Area ns in Cities and Occupied) and Abatement	\$0 14.239 HOME Description of Areas Affected by HOME Project(s) The unincorporated area of Fresno County The cities of Clovis, Coalinga, Kerman, Kingsburg, Mendota, Parlier, Reedley,

\$2,180,572	\$0			
\$0		\$0		
\$0		\$0		
\$900,000 (program income)		Other (Describe) (Note: HOME entitlement of \$2,180,572 listed above includes \$53,567 in ADDI funding.)		
0				
Housing Opportunities fo	r People with	14.241 HOPWA		
HOPWA Project Titles Not Applicable.		Description of Areas Affected by HOPWA Project(s)		
\$HOPWA Grant Amount	\$Additional H	UD Grant(s) Describe		
\$Additional Federal Funds Leve	Leveraged eraged	\$Additional State Funds Leveraged		
\$Locally Leveraged Funds		\$Grantee Funds Leveraged		
\$Anticipated Program Income		Other (Describe)		
Total Funds Leveraged for HOP	WA-based Project(s			
Emergency Shelter Grant	s Program	14.231 ESG		
ESG Project Titles		Description of Areas Affected by ESG		
- Emergency Shelter Grant (ES - ESG Activities (Individual ESC selected in the fall of 2005.)		Project(s)		
\$212,798	0			
\$0		\$0		
\$0		\$0		
\$0				
Congressional Districts of: Is application subject to review Applicant Districts: 18, 19, 20, Project Districts: 18, 19, 20, 21	21	Order 12372 Process?		
explaining the situation. Yes		"Yes" please include an additional document O 12372 process for review on 5/9/2005		

□ No Program is not covered by EO 12372
☐ Yes ☑ No ☐ N/A
Program has not been selected by the state for review
Note: The above questions, and spaces made available for answer, appear to be out of order. To clarify any potential misunderstanding: - This application is subject to review by the state Executive Order 12372 Process, and was made available to the state EO 12372 process for review on 5/9/2005. - The County of Fresno is not delinquent on any federal debt.

Gigi	0	Glbbs
Community Development Division Manager	(559) 262-4292	(559) 488-3940
Ggibbs@co.fresno.ca.us	www.co.fresno.ca.us	
Signature of Authorized Rep Click June Cecil Leonardo, Inter Department of Public	્રી im Director	Date Signed 5/3/05

Narrative Responses

GENERAL

Executive Summary

The Executive Summary is optional, but encouraged. If you choose to complete it, please provide a brief overview that includes major initiatives and highlights that are proposed during the next year.

Program Year 1 Action Plan Executive Summary:

The Action Plan constitutes an application to the U.S. Department of Housing and Urban Development (HUD) for 2005-06 Community Development Block Grant (CDBG), HOME Investment Partnerships Program (HOME), Emergency Shelter Grant (ESG), and American Dream Downpayment Initiative (ADDI) funds.

In August of 2003, the County of Fresno demonstrated compliance with the urban county qualification requirements under the Community Development Block Grant Entitlement Program and requalifed for entitlement status as an urban County. As an Urban County qualified to receive an annual entitlement of funds, the County is submitting this application for 2005-06 entitlement funds as follows:

CDBG: \$5,500,509 HOME: \$2,127,005 ADDI: \$ 53,567 ESG: \$ 212,798

Annual CDBG entitlement funds are redistributed between the cities of Clovis, Coalinga, Kerman, Kingsburg, Mendota, Parlier, Reedley, Sanger, and Selma, which have elected to participate in the Urban County Program through a Joint Powers Agreement, and unincorporated areas within the County's jurisidcation. The Action Plan describes how the 2005-06 allocation of entitlement funds will be used in these areas.

Gigi	0	Gibbs
Community Development Division Manager	(559) 262-4292	(559) 488-3940
Ggibbs@co.fresno.ca.us	www.go.fres <u>n</u> o.ça:ûs ,	0
Signature of Authorized Rep	presentative \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Date Signed /

Narrative Responses

GENERAL

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APPLICATION FOR					Version 7/0
FEDERAL ASSISTANCE	•	2. DATE SUBMITTED	5/29/2005	Applicant lo	lentifier
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED B		State Applic	cation Identifier
☑ Construction	Construction	4. DATE RECEIVED B	Y FEDERAL AGEN	ICY Federal Ide	ntifier
Non-Construction	Non-Construction		5/29/2005		B-05-UC-06-0503
5. APPLICANT INFORMATION Legal Name:	The first first and the second state of the se		Organizational	I Init:	
	(O D !!		Department:		
Organizational DUNS:	of San Bernardino		Division:	epartment of Econo	omic and Community Development
009241	659				
Address:				hone number of pplication (give a	person to be contacted on matters
Street: 290 Nor	th "D" Street, Sixth Floor	r	Prefix:	First Name:	
City: San Ber	nardino		Middle Name R.	· · · · · · · · · · · · · · · · · · ·	
County: San Ber	nardino		Last Name Laurin		
State: CA	Zip Code 92415-00	040	Suffix:		
Country: United States of A	mariaa		Email:	@ood shoounty go	
6. EMPLOYER IDENTIFICATION		,	Phone Number (@ecd.sbcounty.go give area code)	Fax Number (give area code)
	_		(909) 38		- (000) 000 0000
9 5 -6 0 0 2 7 4 8 8. TYPE OF APPLICATION:			, ,	,	ack of term (op Application Types)
V Nev	v	n 🔲 Revision		2.07 (888)	- IVLU
If Revision, enter appropriate lett (See back of form for description	er(s) in box(es)	The Nevision	B. County Other (specify)	. [JUL 1 2 2005
Other (specify)	, U		9. NAME OF FE	DERAL AGENCY	TATE CLEARING and Oroge
	CHECTIC ACCISTANCE	OF MUMBER			LICANT'S PROJECT:
10. CATALOG OF FEDERAL I	JOMESTIC ASSISTANC				Block Grant (CDBG);
TITLE (Name of Program):	DBG Entitlement Progra	14-218 am	Multiple CDBG	activities including	capital improvements, public d economic development.
12. AREAS AFFECTED BY PR	OJECT (Cities, Counties	s, States, etc.):			
Unincorporated San Bernardino	County and 13 coopera	ting cities.			
13. PROPOSED PROJECT				IONAL DISTRICT	
Start Date: 7/1/05	Ending Date: 6/30/06	3	a. Applicant 25.	26, 41, 42, 43	b. Project 25, 26, 41, 42, 43
15. ESTIMATED FUNDING:					O REVIEW BY STATE EXECUTIVE
a. Federal \$		00	ORDER 12372 P		ON/APPLICATION WAS MADE
b. Applicant \$		9,078,369	a. res. 🚾 AVA		STATE EXECUTIVE ORDER 12372
		•			
c. State \$,00	DAT	E: 6/1/2005	•
d. Local \$	·	.00	D. NO. ILL		OVERED BY E. O. 12372
e. Other \$. 00		PROGRAM HAS N R REVIEW	IOT BEEN SELECTED BY STATE
f. Program Income \$		1,468,769 ·			JENT ON ANY FEDERAL DEBT?
g. TOTAL \$		10,547,138 ·	Yes If "Yes"	attach an explanati	ion. 🛮 🖾 No
	AUTHORIZED BY THE	, ALL DATA IN THIS AP GOVERNING BODY OF	PLICATION/PREA THE APPLICANT	PPLICATION ARE	TRUE AND CORRECT. THE CANT WILL COMPLY WITH THE
ATTACHED ASSURANCES IF a. Authorized Representative	THE ASSISTANCE IS A	WARDED.			
Prefix Mr.	First Name	***************************************	M	liddle Name	A CONTRACTOR OF THE CONTRACTOR
Last Name Postmus			S	uffix	
h Title		,	c.	Telephone Numb	er (give area code)
Chairman, County B d. Signature of Authorized Repre	oard of Supervisors sentative	· · · · · · · · · · · · · · · · · · ·	e	. Date Signed	(909) 387-4830 IPR 1 2 2005
Previous Edition Usable	Bitter (7				Standard Form 424 (Rev.9-2003
Authorized for Local Reproduction	n		County Counsel	LA-05	Prescribed by OMB Circular A-102

APPLICATION FOR							,	Version 9/
FEDERAL ASSISTANCE		2. DATE SUBMITTE		ED		Applicant Identifier		
PEDERAL ASSISTAN	ICE		07/12/2005				CA05604	
1. TYPE OF SUBMISSION:		41117	3. DATE RE	CEIVED BY	STATE		State Applic	cation Identifier
Application	Preapplica	ation	07/12/2006				: :	
Construction	L. Const	ruction	n . , , , , , , , , , , , , , , , , , ,					.1
✓ Non-Construction								
5. APPLICANT INFORMATION	Or	ganization	nal Unit:					
* Legal Name: Oxnard Police	Departmen			VE TO	partment:	1		
* Organizational DUNS:	10084915	se R	ECE		rision:	<u> </u>		
Address:		Tun	JUL 1 2			aphone numb n (give area d		to be contacted on matters involvin
- Street1: 251 South C Street		1	i ou TAD	ING HOME	' '		rst Name: B	irvan
Street2:	•	STA	TE CLEAR	MOTIFIE	MA. J	, ,		
· City: Oxnard	¦ Co	ounty Ventura			idle Name:			
* State: CA Zip (Code: 9303	 10-5711 Cou	ntry US	A	1	MacDonald		A CONTRACTOR OF THE CONTRACTOR
					ffix:	1	1	MacDonald @ OxnardPD.Org
6. * EMPLOYER IDENTIFICATIO	M MANNE	n (EIN):		1.		ser (give ares	1 1	ex Number (give area code)
95-6000756		•			05) 385-775			805) 385-7790
8. TYPE OF APPLICATION:				7. *	TYPE OF	APPLICANT	F: Clty or To	ownship Government
✓ New Continuat		Revision		ľ	**		25 III	
If Revision, enter appropriate letter	r(a) in box(aa	i)		<u>l</u> .				
A. Increase Award E. Decrease Awa		rease Duration		1,	9. * NAME OF FEDERAL AGENCY: Community Oriented Policing Services			
D. Decrease Duration Other (Specify).				Co	mmunity O	riented Polic	ing Services	and the second s
10. CATALOG OF FEDERAL DO	MESTIC A	SSISTANCE		111.	. * DESCRI	PTIVE TITLE	E OF APPLIC	CANT'S PROJECT:
TITLE:	•				evelonmen	t of a county	wide avstem t	to allow for intercommunication of
					olce/data in	formation an	nong all local	law enforcement agencies and
12. " AREAS AFFECTED BY PR	OJECT	(Cities, Counties, States, e	ra.):		3-located si	lule law ento	ircement age	nales.
Cities, County of Ventura								Here was the many transfer to the second sec
13. * PROPOSED PROJECT:				14	14. CONGRESSIONAL DISTRICTS OF:			
* Start Date	***************************************	* Ending Date		~ e	. Applicant	1		b. Project
10/01/2005		09/30/2006		23	i			23
15. * ESTIMATED FUNDING:		<u> </u>		16	. IS APPLI	CATION SU	BJECT TO R	EVIEW BY STATE EXECUTIVE
* a. Federal	5	6,000,000	0.00	OF	RDER 1237	2 PROCESS	67	
* b. Applicant	5.	2,000,000	0.00	a, Th	YES. THIS 1E STATE E	PREAPPLICA EXECUTIVE O	NTION/APPLIC PADER 12372	ATION WAS MADE AVAILABLE TO PROCESS FOR REVIEW ON:
* c. State	\$	(0.00	-	(∕ / ∨	ES DATE	06/27/	2005
* d. Local	\$	(00.0	b.	Pf	1 31 MARIDOR	NOT COVERE	ED BY E.O. 12372
* e. Other	5		.00		0	MARDORS R	HAS NOT BE	EN SELECTED BY STATE FOR REVIE
* 1. Program Income	6		0.00	17	. IS THE A	PPLICANT I	DELINGUEN,	T ON ANY FEDERAL DEBT?
g. TOTAL	\$,					ach an expla	•
18. TO THE BEST OF MY KNOWLEDG GOVERNING BODY OF THE APPLICAN	E AND BELIE! Y ANO YME AF	F, ALL DATA IN THIS A PLICANT WILL COMP	PPLICATION/P	reapplicatio Attached ass	N ARE TRUE URANCES IF	AND CORRECT THE ASSISTAN	T. THE DOCUME NCE IS AWARDS	ent hag been duly authorized by th ed.
a. Authorized Prefix: Dr.		• First Name: Th	omas			Middle	Name E.	, n , n = ••=•
Representative Last Name	Holden	١.				. *		Bultix:
* b. Title: Mayor	1			° c. Telephoi	ne Nu m ber	(give area co	ode): (805) (386-7430
* Email: dromholden@aol.con	······································		1	Fax Number		••		386-7696
d. Signature of Authorized Repre		(Namata)	ed on submi	asion to Grar		per and what I de Cliffe to Comme	15	npleted on submission to Grants.gov
14. Silintring or Variable upbig	weindhad.	Complet	on onsini	elektratic new CIRCLE				· · · · · · · · · · · · · · · · · · ·

					Version 7/03	
APPLICATION FOR FEDERAL ASSISTAN	CE	2. DATE SUBMITTED June 23, 2005		Applicant Iden		
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Applicati	on Identifier	
Application	Pre-application	4. DATE RECEIVED BY	FEDERAL AGENC	NCY Federal Identifier		
Construction	Construction	4. DATE RESERVES D.		, outside lastice		
Non-Construction 5. APPLICANT INFORMATI	Non-Construction					
Legal Name:	ON		Organizational U	nit:		
Metropolitan Water District o	of Southern California		Department: Water System Operations Group			
Organizational DUNS:	63842975		Division: Water Quality Sec			
Address:				one number of pe plication (give are	rson to be contacted on matters	
Street: 700 Moreno Avenue		•	Prefix:	First Name: Christopher	a code)	
City: La Veme			Middle Name James	Citistophei		
County:			Last Name Gabelich			
Los Angeles State: California	Zip Code 91750		Suffix:			
Country: United States of America	31700		Email: cgabelich@mwdh	20 com		
6. EMPLOYER IDENTIFICA	TION NUMBER (EIN):		Phone Number (gi		Fax Number (give area code)	
95-600207			909-392-5113		909-392-5166	
8. TYPE OF APPLICATION			7. TYPE OF APPI	LICANT: (See back	of form for Application Types)	
	New Continuation	n 🔲 Revision	A		·	
If Revision, enter appropriate (See back of form for descrip	tion of letters.)	П	Other (specify)			
Other (specify)			9. NAME OF FED Department of the	ERAL AGENCY: Interior, Bureau of	Reclamation, Denver, CO	
10. CATALOG OF FEDERA	AL DOMESTIC ASSISTANC	CE NUMBER:	11. DESCRIPTIVE	E TITLE OF APPLI	CANT'S PROJECT:	
TITLE (Name of Program):		15-506	Optimization of Conventional Treatment with Pre-Ozonation and Biological Filtreation to Reduce Organic and Colloidal Fouling of Polyamide Reverse Osmosis Membranes			
TITLE (Name of Program): Desalination and Water Puri			Polyamide Rever	se Usmosis Memor	anes	
12. AREAS AFFECTED BY	PROJECT (Cities, Counties	s, States, etc.):				
California; Yuma, Arizona			14 CONODECCI	ONAL DISTRICTS	OF.	
13. PROPOSED PROJECT Start Date:	Ending Date:		a. Applicant		b. Project	
October 1, 2005	October 1, 2006				Arizona Congressional District 7	
15. ESTIMATED FUNDING:	The state of the s		ORDER 12372 PR	OCESS?	REVIEW BY STATE EXECUTIVE	
a. Federal	ECEIVED	78,437	_ a. Yes. Ma AVAIL		WAPPLICATION WAS MADE ATE EXECUTIVE ORDER 12372	
b. Applicant	1 1 2005	82,284	DATE			
c. State	\$JUL . 2 2000	- 00			23, 2005 PERED BY E. O. 12372	
d. Local	S ALE CLEARING HOU	SE .	D. No. 10			
e. Other	Loss Tolking State of the Control of	252,400	U FOR I	REVIEW	T BEEN SELECTED BY STATE	
f. Program income	\$	•	17. IS THE APPL	ICANT DELINQUE	NT ON ANY FEDERAL DEBT?	
g. TOTAL	\$	413,121	1	tach an explanation		
18. TO THE BEST OF MY K DOCUMENT HAS BEEN DU ATTACHED ASSURANCES	ILY AUTHORIZED BY THE	GOVERNING BODY OF	PLICATION/PREAP THE APPLICANT A	PLICATION ARE 1 IND THE APPLICA	RUE AND CORRECT. THE NT WILL COMPLY WITH THE	
a. Authorized Representative	Elizat Momo		KAI-	idle Name		
Prefix	First Name Z	cardo	Su			
Last Name De Le	24 ~			Telephone Number	(give area code)	
b. Title Hicra Sial	194 Unt H	areagon	G.	Cicphone Number	109-392-5/15	

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b. Title Hicra Signature of Authorized Representative

6/c3/ης Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

e. Date Signed

AFPLICATION FOR				1	Version 7/03	
FEDERAL ASSISTANCE		2. DATE SUBMITTED June 23, 2005		Applicant Iden	}	
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Applicati	on Identifier	
Application	Pre-application	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identif	ier	
Construction	Construction					
Non-Construction 5. APPLICANT INFORMATION						
Legal Name:			Organizational Uni	<u>t:</u>		
Metropolitan Water District of So	outhern California	The state of the s	Water System Oper	ations Group		
Organizational DUNS: 06 3842975	THE(CEIVED	Division: Water Quality Section	on		
Address:		a Di States Carel	Name and telepho involving this app	ne number of pe	rson to be contacted on matters	
Street:	JUL	1 1 2005	Prefix:	First Name:	a code)	
700 Moreno Avenue			Dr. Middle Name	Christopher		
City: La Verne	STATE CL	EARING HOUSE	James			
County: Los Angeles County	CONTRACTOR	ART THE CONTRACT OF THE CONTRA	Last Name Gabelich			
State: CA	Zip Code 91750		Suffix:		·	
Country: USA			Email: cgabelich@mwdh2	o.com		
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):		Phone Number (give	e area code)	Fax Number (give area code)	
95-6002071]		909-392-5113		909-392-5166	
8. TYPE OF APPLICATION:	<u> </u>		7. TYPE OF APPLI	CANT: (See bac	k of form for Application Types)	
☑ Nev	w Continuation	n Revision	A			
If Revision, enter appropriate let (See back of form for description	ter(s) in box(es) n of letters.)		Other (specify)			
Other (specify)			9. NAME OF FEDERAL AGENCY: Dept. of Interior, Bureau of Reclamation			
10. CATALOG OF FEDERAL	DOMESTIC ASSISTAN	CE NUMBER:			ICANT'S PROJECT:	
TITLE (Name of Program): Desalination and Water Purifica	ition Research	15-506	DIAMETER REVE	RSE OSMOSIS E ACHIEVE GRE	ATION OF INTEGRATING 18-INCH ELEMENTS WITH CONCENTRATE ATER THAN 95 PERCENT TOTAL	
12. AREAS AFFECTED BY PR	OJECT (Cities, Countie	s, States, etc.):	OTOTEM WITTER	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Los Angeles, Ca; Yuma, AZ				NAL DIGITALOTO	05	
13. PROPOSED PROJECT Start Date:	Ending Date:		14. CONGRESSIC	INAL DISTRICTS	b. Project	
October 1, 2005	May 31, 2007		Calif. Congessiona		Ariz. Cong. Dist. 7 D REVIEW BY STATE EXECUTIVE	
15. ESTIMATED FUNDING:						
a. Federal \$		318,491			N/APPLICATION WAS MADE TATE EXECUTIVE ORDER 12372	
b. Applicant \$		306,510		ESS FOR REVIE		
c. State \$		465,000	DATE:	6/23/	005	
d. Local \$			b. No. 🏻 PROG	RAM IS NOT CO	VERED BY E. O. 12372	
e. Other \$		1,851,600		ROGRAM HAS N REVIEW	OT BEEN SELECTED BY STATE	
f. Program Income \$.00	17. IS THE APPLI	CANT DELINQU	ENT ON ANY FEDERAL DEBT?	
g. TOTAL \$		2,941,601	Yes If "Yes" at			
ATTACHED ASSURANCES IF	AUTHORIZED BY THE	E GOVERNING BODY OF	PPLICATION/PREAP THE APPLICANT A	PLICATION ARE ND THE APPLIC	TRUE AND CORRECT. THE ANT WILL COMPLY WITH THE	
a. Authorized Representative Prefix	First Name T		Mic	Idle Name		
	VIII		Sui	ffix 7		
Last Name Wille					ne / alice and a line	
		- Operaturo		Telephone Number	er (give area code)	
d. Signature of Authorized Repr	esentative/		e. (Date Signed	1 / 2 3 / 0 \ - Standard Form 424 (Rev.9-2003	
Previous Edition Cable Authorized for Local Reproducti	on				Prescribed by OMB Circular A-102	

1. Type OF SUBBISSION: Application Construction	APPLICATION FOR FEDERAL ASSISTA	NCE	2. DATE SUBA			Applic	cant Identifier	
Application Prespication Construction Non-Construction No	1 TYPE OF SUBMISSION:		4/18/05			State	Application Identifier	
Construction Constr		reapplication				-	replacement recitation	
Non-Construction Non-Construction			4. DATE RECE	IVED BY FEDER	RAL AGENCY	Feder	ral Identifier	
S. APPLICANT INFORMATION Capit Name: Housing Authority of the County of Kern Activates (give city, county, state, and sip code); County of Kern Count		=						
Logal New: Housing Authority of the County of Kern		~~	L			Ь		
Address (give etty, county, etth, and sip code):			County of	f Kern	Organization	nal Uni	it:	
BARCHERIOR, KERN COUNTY, CA 93301 BARCHERIOR, KERN COUNTY, CANDERS CONTINUED CONTINUE			County C	ricin				e contacted on matters involving
Bakersfield, Kern County, CA 93301 Randy Coats (661)631-8500 ext. 2105 S. EMPLOYER IDENTIFICATION (EIN): 9 5 6 0 0 1 6 2 9	601-24th Street				this applicat	tion (giv	ve area code)	_
R. EMPLOYER IDENTIFICATION (EIN): 9 5 6 0 0 1 6 2 9	Bakersfield, Kern Coun	nty, CA 93301						
South State Stat	,	•			Ran	dy C	oats (661)631-	-8500 ext. 2105
8 5 - 6 0 0 1 6 2 9 8. TYPE OF APPLICATION: New	6. EMPLOYER IDENTIFICATION	N (EIN):			7. TYPE OF	APPLIC	CANT: (enter appropriate	letter in box)
A. State E. TYPE OF APPLICATION: New	0 5 6 0	0 1 6	2 0	7	l.			·
8. TYPE OF APPLICATION. It Revision, enter appropriate lotter(s) in	9 5 - 6 0	, 10 11 10	12 19]	A. State		H. Independent	School Dist.
Revision, enter appropriate letter(s) in	8. TYPE OF APPLICATION:		******		C . Munici	pal	J. Private Univ	rersity
If Revision, enter appropriate letter(s) in		New Con	tinuation	Revision			 for all to date and 	
A. Increase Award D. Decrease Duration Other (specify): United States Department of Agriculture 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:	<u>-</u>						M. Profit Organ	sization
A. Increase Avard D. Decrease Duration D. Decrease Department of Agriculture United States Department of Agriculture 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Rehabilitation of Sun Garden Village, H.R. Olsen Homes, and Shafter Homes 12. AREAS AFFECTED BY PROJECT (Cities, Counties, Sintes, etc.) Arvin, Shafter, Lamont, Kern County, CA 13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF: Start Date Bending Date a. Applicant D. Project D. Projec	If Revision, enter appropriate le	etter(s) in			G. Specia	ı Disu	ict 14. Outer (Specia	y) Table Hodsing Addion
D. Decrease Duration Other (specify): D. Decrease Duration Other (specify):	,		L					
S. NAME OF FEDERAL AGENCY: United States Department of Agriculture 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Rehabilitation of Sun Garden Village, H.R. Olsen Homes, and Shafter Homes 12. AREAS AFFECTED BY PROJECT (Civies, Counties, States, etc.) Arvin, Shafter, Lamont, Kern County, CA 13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF: Start Date Ending Date 3. Applicant 2. State 15. ESTIMATED FUNDING 2. 20th and 2.1st 2. 20th and 2.1st 2. Corp. B. Project 2. 20th and 2.1st 2. State 2. State 3. Applicant \$ 500,000.00 D. Applicant \$ 500,000.00 D. Applicant \$ 500,000.00 DATE 1. STATE FOR REVIEW ON: C. State 5. No □ PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW ON: DATE 1. STATE FOR REVIEW ON: The Applicant 1. STATE FOR REVIEW ON: The Applicant 1. STATE FOR REVIEW ON: 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? YES (Attach explanation) 2. No 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. 3. Total 5. THIS PREAPPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. 3. Total 5. THIS PREAPPLICATION ARE TRUE AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. 3. Total 6. State 6.	A. Increase Award	B. Decrease Award	c. Increase D	uration				
United States Department of Agriculture 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Rehabilitation of Sun Garden Village, H.R. Olsen Homes, and Shafter Homes 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.) Arvin, Shafter, Lamont, Kern County, CA 13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF: Start Date Ending Date Applicant 20th and 21st 2	D. Decrease Duration	Other (specify):						
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE:					9. NAME OF	FEDE	RAL AGENCY:	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE:								
Rehabilitation of Sun Garden Village, H.R. Title:			·····		U	nited	d States Depart	ment of Agriculture
Arvin, Shafter, Lamont, Kern County, CA 13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF: Start Date Ending Date 8/1/06 20th and 21st 20th and 21st 20th and 21st 15. ESTIMATED FUNDING 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Federal \$ 500,000.00 5. APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: c. State \$ 500,000.00 5. NO PROGRAM IS NOT ECRED BY E.O. 12372 20 OR PROGRAM HAS NOT EERN SELECTED BY STATE FOR REVIEW ON: f. Program Income STABE CLEARING HOUSE 17. IS THE APPLICATION PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT ON ANY FEDERAL DEBT? YES (Attach explanation) NO NO NO NO NO NO NO N	10. CATALOG OF FEDERAL DO	OMESTIC ASSISTANC	E NUMBER:		11. DESCRI	PTIVE '	TITLE OF APPLICANT'S	PROJECT:
Arvin, Shafter, Lamont, Kern County, CA 13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF: Start Date Ending Date 8/1/06 20th and 21st 20th and 21st 20th and 21st 15. ESTIMATED FUNDING 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Federal \$ 500,000.00 5. APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: c. State \$ 500,000.00 5. NO PROGRAM IS NOT ECRED BY E.O. 12372 20 OR PROGRAM HAS NOT EERN SELECTED BY STATE FOR REVIEW ON: f. Program Income STABE CLEARING HOUSE 17. IS THE APPLICATION PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT ON ANY FEDERAL DEBT? YES (Attach explanation) NO NO NO NO NO NO NO N								
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.) Arvin, Shafter, Lamont, Kern County, CA 13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF: Start Date Ending Date a. Applicant 2. Oth and 21st 8/1/06 20th and 21st 20th and 21st 15. ESTIMATED FUNDING 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Federal \$ 500,000.00 b. Applicant \$ 14. IN APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: a. Federal \$ 500,000.00 b. Applicant \$ 14. IN APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: a. Federal \$ 500,000.00 b. Applicant \$ 12372 PROCESS FOR REVIEW ON: a. YES. THIS PREAPPLICATION IN NOT COVERED BY E.O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW a. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. To THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Toppo Name of Authorized Representative B. Title C. Telephone Number Stephen M. Pelz Executive Director C. 661 631-8500 d. Signature of Authorized Representative C. Date Signed A/			-		Rel	nabil	itation of Sun G	arden Village, H.R.
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.) Arvin, Shafter, Lamont, Kern County, CA 13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF: Start Date Ending Date a. Applicant 2. Oth and 21st 8/1/06 20th and 21st 20th and 21st 15. ESTIMATED FUNDING 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Federal \$ 500,000.00 b. Applicant \$ 14. IN APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: a. Federal \$ 500,000.00 b. Applicant \$ 14. IN APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: a. Federal \$ 500,000.00 b. Applicant \$ 12372 PROCESS FOR REVIEW ON: a. YES. THIS PREAPPLICATION IN NOT COVERED BY E.O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW a. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. To THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Toppo Name of Authorized Representative B. Title C. Telephone Number Stephen M. Pelz Executive Director C. 661 631-8500 d. Signature of Authorized Representative C. Date Signed A/	TITI E.	LL		1	l			
Arvin, Shafter, Lamont, Kern County, CA 13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF: Start Date Sending Date Sa. Applicant Start Date Start Date Start Date Sa. Applicant Start Date Start Date Start Date Sa. Applicant Start Date S		OJECT (Cities, Countie	s, States, etc.)		1			
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d Signature of Authorized Representative e. Date Signed 4/18/05				1	cutive F)irec	tor	
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	Previous Edition Usable	1-(1)			· · · · · · · · · · · · · · · · · · ·		STAND	ARD FORM 424 (BEV 4-92)

APPLICATION FOR FEDERAL ASSISTANCE	<u> </u>	2. DATE SUBN 05/12/2005	NITTED		Applicant Iden	tifier Version 7/03
1. TYPE OF SUBMISSION:		3. DATE RECE		STATE	State Applicati	on Identifier
Application	Pre-application	5-13	~U5			
Construction	☑ Construction	4. DATE RECE	IVED BY	FEDERAL AGENCY	Federal Identif	ier
Non-Construction 5. APPLICANT INFORMATION	Non-Construction		:			
Legal Name:			:	Organizational Un	it:	
Wasco Affordable Housing, Inc.	_			Department:	-	
Organizational DUNS:				Division:	*	
021059779	- HEO		:	Name and tolopho	no number of no	rson to be contacted on matters
Address: Street:	1	HVFN	7	involving this app		
750 H St.	JUL 0		/	Prefix:	First Name: Patrick	
City:	STATE CLEAN	8 2005	/	Middle Name	11 24101	
Wásco County:	STATE CLEARIN	/	<u>: </u>	Last Name		
Kern	ווחיי	VG HOHER	r'	Newman		A Section of the Control of the Cont
State: Ca.	Zip Code 93280			Suffix:		
Country:	•			Email:	hak it com	
Kern 6. EMPLOYER IDENTIFICATION	N NUMBER (ELNICA			uwascohousinga@ Phone Number (giv		Fax Number (give area code)
	ν	a		661-758-0566	· · · · · · · · · · · · · · · · · · ·	661-758-0765
91_2164162 8. TYPE OF APPLICATION:) (VV - ' () \		:		ICANT: (See back	of form for Application Types)
8. TIPE OF APPLICATION.	v 🖺 Continuation	n 🔲 Revis	ion		•	, or total total (pp.104.0011 1) post,
If Revision, enter appropriate let	ter(s) in box(es)	دسال ۱۹۵۱		O - Not for Profit O	rganization	
(See back of form for description	of letters.)	Π .		Other (specify)		
Other (specify)				9. NAME OF FEDE USDA/Rural Devel		
10. CATALOG OF FEDERAL	DOMESTIC ASSISTAN	CE NUMBER:	:	11. DESCRIPTIVE	TITLE OF APPLI	CANT'S PROJECT:
TITLE (Name of Program):		10-4	05	senior housing dev	elopment located	or Funding: The project is a 42-unit in the City of Wasco, Twenty-eight elderly farmworkers.
12. AREAS AFFECTED BY PR	OJECT (Cities Countie	s. States, etc.):	: .	-		•
City of Wasco, Kern County, Ca		o, etatos, eta.,.				
13. PROPOSED PROJECT	MIOTING			14. CONGRESSIO	NAL DISTRICTS	OF:
Start Date:	Ending Date:			a. Applicant		b. Project 20th District
Sept. 2005	June 2007		:	20th District		REVIEW BY STATE EXECUTIVE
15. ESTIMATED FUNDING:						
a. Federal \$ USDA 514		3,000,000 `	'. :	a. Yes. AVAIL	REAPPLICATION ABLE TO THE STA	/APPLICATION WAS MADE ATE EXECUTIVE ORDER 12372
b. Applicant \$		210,598	J	PROC	ESS FOR REVIEV	VON
Deferred Developer Fee		210,596		DATE:	×.	
c. State \$ JSFWHG		1,775,000	 	5500		EDEN BY E O 19979
d. Local \$		•	:	D. INO. 187.13		ERED BY E. O. 12372
e. Other \$		2,138,042				T BEEN SELECTED BY STATE
Tax Credit Equity f. Program Income \$		2,130,042		17. IS THE APPLI	EVIEW CANT DELINQUE	NT ON ANY FEDERAL DEBT?
						<u></u>
g. TOTAL \$		7,123,641		Yes If "Yes" atta		
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZED BY THE	GOVERNING B	THIS API ODY OF	PLICATION/PREAPF THE APPLICANT AT	PLICATION ARE T ND THE APPLICA	RUE AND CORRECT. THE NT WILL COMPLY WITH THE
a. Authorized Representative	-			Mide	dle Name	
Prefix Mr.	First Name Patrick					
Last Name				Suff	īx	
Newman b. Title	^ -				elephone Number	(give area code)
Secretary					1) 758-0566 ate Signed سر	15.0
d. Signature of Authorized Repre	eseritative fort //	M		05/		12-05
Previous Edition Usable						Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

Authorized for Local Reproduction

APPLICATION	N FOR		DUNS # 0	08-968-01	ONE Approval N	lo, 0348-0043
FEDERAL AS	SISTA	NCE	2. DATE SUBMITTED June 2	4, 2005	Applicant Identifler	
1. TYPE OF SUBMISS	SION:		3. DATE RECEIVED B	Y STATE	State Application Identifier	
Application Construction		Preapplication Construction	4. DATE RECEIVED B	Y FEDERAL AGENCY	Federal Identifier	
Non-Construct		Non-Construction				
5. APPLICANT INFOF	RMATION		<u>,</u>			
E Center				Organizational Unit: Yuba Sutter H	land Start	•
Address (give city, cau	untv. State	and zip code):	_		number of person to be contacted on mar	ross involvins
410 Jones Stre	eet			this application (give a David Forema	ree code)	uers involving
Ukiah, Mendo				(707) 468-019	94	
6. EMPLOYER IDENT		N NUMBER (EIN):		7. TYPE OF APPLICA	NT: (enter appropriate letter in box)	
B. TYPE OF APPLICA	TION:			B. County	H. Independent School Dist. I. State Controlled Institution of Higher L.	earning
	₩ New	Continuation	Revision	C. Municipal	J. Private University	-2011111114
				D. Township	K. Indian Tribe	
If Revision, enter appro	opriate lett	er(s) in box(es)		E. Interstate	L. Individual	
A. Increase Award	B Dos	rease Award C. Increas	se Duration	F. Intermunicipal	M. Profit Organization	
D. Decrease Duration		specify):	se Duration	G. Special District	N. Other (Specify) Not-for-Profit	
	,	, 37		B. NAME OF FEDERA	AL AGENCY:	
					partment of Agriculture	
10. CATALOG OF FEI	DERAL DO	DMESTIC ASSISTANCE N	UMBER:	11. DESCRIPTIVE TIT	LE OF APPLICANT'S PROJECT:	
			10-766	Construction of a	Head Start Center	
TITLE: Com	munity F	acilities Loan			/ RES	
12. AREAS AFFECTE	D BY PRO	JECT (Cities, Counties, St	truce etc.)	러	/ 1501	
Marysville, Yuba (, , , , , , , , , , , , , , , , , , , ,	ales, etc.):	1		-/1 .
	County,	California				IVEL
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13. PROPOSED PROJ	County, IECT	California 14. CONGRESSIONAL D B. Applicant	ISTRICTS OF:	b. Project	STATE CLEARING	2005
13. PROPOSED PROJ Start Date Endin 7/1/05 8/	County, DECT g Date /1/06	California	ISTRICTS OF:		STATE CLEARING	2005 HOUSE
Start Date Ending 7/1/05 8/	County, DECT g Date /1/06	California 14. CONGRESSIONAL D B. Applicant	ISTRICTS OF:		SUBJECT TO REVIEW BY STATE EXE	2005 HOUSE
13. PROPOSED PROJ Start Date Endin 7/1/05 8/	County, DECT g Date /1/06	California 14. CONGRESSIONAL D B. Applicant	ISTRICTS OF:	16. IS APPLICATION ORDER 12372 PR	SUBJECT TO REVIEW BY STATE EXE OCESS?	HOUSE
Start Date Ending 7/1/05 8/ 15. ESTIMATED FUND 3. Federal	County, DECT g Date /1/06	California 14. CONGRESSIONAL D B. Applicant	1 50,000	16. IS APPLICATION ORDER 12372 PR a. YES. THIS PREA	SUBJECT TO REVIEW BY STATE EXE OCESS? PPLICATION/APPLICATION WAS MAD	HOUSE CHIVE
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PPLICATION FOR		A DATE OUDSTITTED		Applicant Ider	Version 7/03
EDERAL ASSISTANC	E	2. DATE SUBMITTED 05/12/2005		1	
TYPE OF SUBMISSION:	Pre-application	3. DATE RECEIVED BY		State Applicat	
• ·	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identi	fier
Construction	Non-Construction				
Non-Construction APPLICANT INFORMATIO					
egal Name:		• •	Organizational Unit: Department:		
asco Affordable Housing, In-		:			
rganizational DUNS:	JUL 0 8		Division:		
21059779 ddress:	- HEUE	VED	Name and telephon	e number of pe	erson to be contacted on matters
treet:		U:	involving this applic	First Name:	ea code)
50 H St.	1 JUL 0 8	2005	Mr.	Patrick	
ity: Vasco	STATE	:	Middle Name		· · · · · · · · · · · · · · · · · · ·
	STATE CLEARING	GHOUSE	Last Name		
ounty: ern		a nouse	Newman		
tate:	Zip Code 93280		Suffix:		
Country:		0 :	Email: uwascohousinga@b	ak rr com	
(ern	TON AU MODER (FINIS)		Phone Number (give		Fax Number (give area code)
EMPLOYER IDENTIFICAT	- WANTER TO THE PARTY OF THE PA	<i>a</i>	661-758-0566		661-758-0765
	2 100			ANT: (See ba	ck of form for Application Types)
. TYPE OF APPLICATION:	[Fi Windstein			
Revision, enter appropriate I	lew	on 🔲 Revision	O - Not for Profit Org	ganization	
See back of form for descripti	on of letters.)		Other (specify)		
Other (specify)		□ :	9. NAME OF FEDER USDA/Rural Develo	pment	
0. CATALOG OF FEDERA	L DOMESTIC ASSISTAN	ICE NUMBER:	11. DESCRIPTIVE	TITLE OF APPL	ICANT'S PROJECT:
10. CATALOG OF FEDERA	E DOMESTIC ACCIONAN	· ·	Wasco Senior Hous	sing, Application	for Funding: The project is a 42-un
		10-405	senior housing deve	elopment locate	d in the City of Wasco. Twenty-eigh or elderly farmworkers.
FITLE (Name of Program):		:	Of the duits will be it	ched to rome	••••••••••••••••••••••••••••••••••••••
12. AREAS AFFECTED BY I	PROJECT (Cities, Countie	es, States, etc.):			
		es, States, etc.):		IAL DISTRICTS	2 OF:
12. AREAS AFFECTED BY I City of Wasco, Kern County, 13. PROPOSED PROJECT	California	es, States, etc.):	14. CONGRESSION	IAL DISTRICTS	b. Project
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Previous Edition Usable
Authorized for Local Reproduction

Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

APPLICATION			2. DATE SUBMITTED		Applicant Ideal	Version 7/03	
FEDERAL AS					Applicant Iden		
1. TYPE OF SUBI Application	MISSION:	Pre-application	3. DATE RECEIVED BY	STATE	State Applicati	State Application Identifier	
Construction		Construction	4. DATE RECEIVED BY	FEDERAL AG	ENCY Federal Identifi	ier	
Non-Construc	ction	☐ Non-Construction					
5, APPLICANT IN							
Legal Name:				Organization Department:	ial Unit:		
		Housing, Inc.		<u> </u>	Housing Development	<u> </u>	
Organizational DL	JNS: 6264847	37		Division:	Not Applicable		
Address:						rson to be contacted on matters	
Street: 2526 N	//artin Luther K	ing Jr. Wav		involving this	s application (give area First Name:	a code)	
					D	ori	
City: Berkel	еу			Middle Name			
County: Alameda				Last Name K	Cojima		
State: Califor	nia	Zip Code 94704	y, again ann an mar ann ann ag Malain, agus ann an ag an ann ann an ann an ann an ann an	Suffix:	A CONTRACTOR OF THE PROPERTY O	4	
Country: U.S.A			and the second	Émail:	ma@sathomes.org		
	ENTIFICATIO	N NUMBER (EIN):			er (give area code)	Fax Number (give area code)	
99-30				510-647-0700	ext 114	510-647-0820	
8. TYPE OF APPI				7. TYPE OF	APPLICANT: (See back	of form for Application Types)	
	☑ Nev		on Revision				
If Revision, enter a (See back of form	ppropriate lette	er(s) in box(es)		Other (specify	۸		
(See Dack of form	ior description			Culei (specify	O. Not for Profit Orga	nization	
Other (specify)					FEDERAL AGENCY: of Housing and Urban De	evelopment	
10. CATALOG O	F FEDERAL D	OMESTIC ASSISTAN	CE NUMBER:		TIVE TITLE OF APPLIC	· · · · · · · · · · · · · · · · · · ·	
			·	Casa Monteg	o II: A 33 unit senior ho	using expansion of Casa Montego.	
TITLE (Name of P	rogram):		1 4-1 5 7				
,	HUD	202: Supportive Housis		1			
		OJECT (Cities, Countie	es, States, etc.):				
City of Walnut Cre		Contra Costa					
13. PROPOSED I	PROJECT	Ending Date:		a. Applicant	SSIONAL DISTRICTS	DF: b. Project	
02/20	06	08/20	008	a. Applicant	9	10	
15. ESTIMATED I	FUNDING:	, <u>, , , , , , , , , , , , , , , , , , </u>				REVIEW BY STATE EXECUTIVE	
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b. Applicant	HEW		10,000	•	PROCESS FOR REVIEV	VON	
c. State	11 11	0 8 2005	0 .] [ATE: 05/19/05		
d. Local	\$	V V V V V V V V -	1,250,000	b. No. 🔲 P	ROGRAM IS NOT COV	ERED BY E. O. 12372	
e. Other	STATE CE	EARING HOUSE	330,000		OR PROGRAM HAS NOT FOR REVIEW	T BEEN SELECTED BY STATE	
f. Program Incom			3,832,672			NT ON ANY FEDERAL DEBT?	
g. TOTAL			5,972,672	T Yes If "Ye	s" attach an explanation	Market	
19 TO THE DES	TOE MY KNO	WI ENGE AND RELIE		1	· ·	RUE AND CORRECT. THE	
DOCUMENT HAS	BEEN DULY	AUTHORIZED BY THI THE ASSISTANCE IS	E GOVERNING BODY OF 1	THE APPLICA	NT AND THE APPLICA	NT WILL COMPLY WITH THE	
a Authorized Dan					Indiada Norma		
Prefix Mr.		First Name Arion ((Ryan)		Middle Name		
Last Name	nao	a karangan garangan karangan di dangan angan di dangan angan dangan dangan dangan dangan dangan dangan dangan d	kalamayning marketi di kalamayning sanarangan pananan sanak ang baha tan sanak kalaman sanak pan		Suffix		
b. Title	ve Director				c. Telephone Number 510-64	(give area code) 7-0700	
d. Signature of Aut		serpativa			e. Date Signed	19/05	
	4	rec			1 2/	(1/0)	

						RCH NO	Version 7/03	
APPLICATION	FOR		2. DATE	E SUBMITTED)	A ant Identifier	179	
FEDERAL ASS	ISTANCE		1					
1. TYPE OF SUBMISS			3. DATI	3. DATE RECEIVED BY STATE		State Application Identifi	ier	
Application Construction	Preapplication Construction		4 DATE	RECEIVED	BY FEDERAL AGENCY	Federal Identifier	·	
			7. DAII	S RECEIVED I	, TEDERILE NOD.	i cociai idoliilio		
Non-Construction		nstruction	<u></u>			1		
5. APPLICANT INFOI Legal Name:	RWATION				Organizational Unit:		AND THE RESIDENCE OF THE PROPERTY OF THE PROPE	
FIREBAUGH CIT	TY OF				Department:			
Organizational DUNS:	1-0003				Division:		Ample that seems to the color to	
Address (give city, coun 1575 Eleven Street	ty, state, and zip				Name and telephone num involving this application	ber of the person to be cor (give area code)	itacted on matters	
Firebaugh CA 93662								
County: 010 Fresno								
6. EMPLOYER IDENT		JMBER (E	IN):					
946000333		(=			Fax:			
940000333			· · · · · · · · · · · · · · · · · · ·		7. TYPE OF APPLICA	NT: (enter appropriate	e letter in box)	
8. TYPE OF APPLICA	TION:				Other (specify)			
New					9. NAME OF FEDERAL AGENCY:			
					USDA, Rural Development			
10. CATALOG OF FE	DERAL DOMES	STIC			11. DESCRIPTIVE TI	TLE OF APPLICANT'S	PROJECT:	
ASSISTANCE NUI	MBER:				Predevelopment Pl	anning Grant		
TITLE: 10.760					1 redevelopment 1	dining Grant		
12. AREAS AFFECTE	D DV DDO IECT	? (aitia	. acumtica	, states, etc):				
City of Firebaugh	DBITROJECI	. (cines	, counties,	, sittles, elc).				
13. PROPOSED PROJ	ECT:	14. CON	GRESSIC	ONAL DISTRI	CTS OF:			
Start Date	Ending Date	a. Applic				roject		
6/1/2005	10/1/2005	20 C	4		. i			
15. ESTIMATED FUN	DING:	1		16 IC ADDI	ICATION SUBJECT TO	DEVIEW RV STATE F	YECUTIVE	
a. Federal		15,	,000.00		2372 PROCESS?	KEVIEW DI STATE E	AECOTIVE	
b. Applicant			0.00		ES. THIS PREAPPLICAT HE STATE EXECUTIVE		S MADE AVAILABLE TO S FOR REVIEW ON:	
c. State RE	CEIVE	DT	0.00		DATE	-c5		
d. Local	- 0.000	, 	0.00	b. NO.		OT COVERED BY E.O. 12	2372	
			0.00				ED BY STATE FOR REVIEW	
f. Program Income	OLEARING H		0.00	17. IS APPL	ICANT DELINQUENT	ON ANY FEDERAL DEI	BT?	
g. TOTAL		15.	000.00	↓ □ Yes	If "Yes," attach an expla	nation.	□ No	
					-			
18. TO THE BEST OF THE DOCUMENT HA WITH THE ATTACHE	S BEEN DULY A	AUTHORI:	ZED BY T	THE GOVERN	ING BODY OF THE AP	PREAPPLICATION ARE PLICANT AND THE AF	E TRUE AND CORRECT, PPLICANT WILL COMPLY	
a. Typed Name of Author	rized Representat	ive			b. Title		c. Telephone Number	
Jose Ramirez					City Manager		(559) 659-2043	
d. Signature of Authoriz	ed Representative						e. Date Signed	
	1	ا فۍ در ه	4.4.				04-07-05	
Previous Editions Usable	•	·	-)			St	andard Form 424 (Rev. 9-2003)	

4001104710117				OI	MB Approval No. 0348-0043	
APPLICATION F		2. DATE SUBMITTED June 10	0, 2005	Applicant Identifier		
FEDERAL ASSIS	STANCE					
TYPE OF SUBMISSION Application	Preapplication	3. DATE RECEIVED BY	Y STATE	State Applicant Identifier		
Construction	Construction	4. DATE RECEIVED BY	V EEDERAL ACENOV	Code at the up		
☑ Non-Construction	☐ Non-Construction	4. DATE RECEIVED BY	T FEDERAL AGENCY	Federal Identifier	•	
5. APPLICANT INFORMATION		<u> </u>				
	er Community College Dis	strict	Organizational Unit:	Halverity Control Control		
Address (give city, county, sta		34101		University Center Export Progra		
550 East Shaw Ave			application (give are	e number of person to be contacte ea code)	d on matters involving this	
Fresno, CA 93710-7702				, Project Director, University (Center Export Program	
			1-888-638-788			
		5	(559) 241-6566) ·		
6. EMPLOYER IDENTIFICAT	TON NUMBER (EIN):		7. TYPE OF APPLIC	CANT: (enter appropriate letter	in I	
9 4 - 1 5	7 4 8 0 2		A. State	H. Independent School		
8. TYPE OF APPLICATION:			B. County C. Municipal	State Controlled Ins Private University	titution of Higher Learning	
			D. Township	K. Indian Tribe	\$	
	New 🛛 Continuatio	n 🛘 Revision	E. Interstate	L. Individual		
KD		<u></u>	F. Intermunicipa	.		
If Revision, enter appropriate I	etter(s) in box(es):		G. Special Distri	ict N. Other (Specify)		
A. Increase Award	B. Decrease Award C.	Increase Duration				
D. Decrease Duration	Other (specify):		9. NAME OF FEDE	RAL AGENCY:	1	
				U.S. Department of Com		
10. CATALOG OF FEDERAL	DOMESTIC ASSISTANCE	NUMBER:	11 DESCRIPTIVE	Economic Development Adm TITLE OF APPLICANT'S PROJE		
		<u> </u>			ui:	
		3 0 3	University Center Export Program			
TITLE: Economic Devel	opment - Technical Assis	tance	Technical Ass	istance - University Center Pr	ogram	
12. AREAS AFFECTED BY PROJ	ECT (cities, counties, states, e	tc.):		•		
S	See Attached Page					
13. PROPOSED PROJECT:	14. CONGRESS	SIONAL DISTRICTS OF	:		,	
Start Date Ending D	ate a. Applicant		b. Project			
7/1/2005 6/30/	2006	19th		3; 15-20; 37 &	45	
15. ESTIMATED FUNDING:			16. IS APPLIC	ATION SUBJECT TO REVIEW B	Y STATE EXECUTIVE	
a. Federal	\$	110,000.00)	372 PROCESS?		
b. Applicant	 s	10.000	1	IS PREAPPLICATION/APPLICAT /AILABLE TO THESTATE EXECT		
	3	40,000.00		ROCESS FOR REVIEW ON:	STIVE ORDER 12372	
c. State	CEIVED	.00		ATE		
d. Local						
u. Local	UL 0 8 2005	.00	b. NO. [PROGRAM IS NOT COVERE	D BY E.O. 12372	
e. Other		.00			EN SELECTED BY STATE	
f. Program Income STATI	CLEARING HOUSE			FOR REVIEW		
i. Program income	- L	.00		DI ICANT DEI MOUENT ON AN		
g. TOTAL	\$	150,000.00		PLICANT DELINQUENT ON AN If "Yes," attach an explanation		
18. TO THE BEST OF MY KN BEEN DULY AUTHORIZED B ASSISTANCE IS AWARDED.	I NOWLEDGE AND BELIEF, A Y THE GOVERNING BODY	ALL DATA IN THIS AP OF THE APPLICANT	PLICATION/PREAPP AND THE APPLICAN	LICATION ARE TRUE AND COP T WILL COMPLY WITH THE ATT	RRECT. THE DOCUMENT HAS FACHED ASSURANCES IF THE	
a. Typed Name of Authorized	Representative	b. Title			a Tolophona aumter	
• •	as Brinkley		ice Chancellor F	Finance & Admin.	c. Telephone number (559) 244-5910	
d. Signature of Authorized Rep						
<u> </u>					e. Date Signed	



APPLICATION FOR

FEDERAL ASSISTA	NCE	2. DATE SUBMITTED May 4,	2005	Applicant Identifier	
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY		State Application Identifier	
Application Construction Non-Construction	Preapplication Construction Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION Legal Name:			Organizational I lait:		
City of San Joaquin			Organizational Unit: Public Body		
Address (give city, county, State,	and zip code):			number of person to be contact	cted on matters involving
P.O. Box 758 San Joaquin, CA 936	60		this application (give a Lupe Estrada	(559) 693-4311 ext	. 20
6. EMPLOYER IDENTIFICATION			7. TYPE OF APPLICA	ANT: (enter appropriate letter i	n box)
94-6000			A. State	H. Independent School Dist.	C
8. TYPE OF APPLICATION:			B. County	I. State Controlled Institution	of Higher Learning
New	☐ Continuation	Revision	C. Municipal	J. Private University	
		,	D. Township	K. Indian Tribe	
If Revision, enter appropriate lette	er(s) in box(es)		E. Interstate F. Intermunicipal	L. Individual	
	rease Award C. Increase	e Duration	G. Special District	M. Profit Organization N. Other (Specify)	
B. Booleage Building Chicits	pcony).		9. NAME OF FEDERA	AL AGENCY:	
			USDA Rural Dev	velopment	
10. CATALOG OF FEDERAL DO	MESTIC ASSISTANCE NU	JMBER:	11. DESCRIPTIVE TI	TLE OF APPLICANT'S PROJ	ECT:
			Electrical Interne	t Cabling, Tables & Cha	airs
	Development Facility C				
12. AREAS AFFECTED BY PRO	JECT (Cities, Counties, Sta	ites, etc.):			
San Joaquin					
13. PROPOSED PROJECT	14. CONGRESSIONAL DIS	STRICTS OF:			
Start Date Ending Date	a. Applicant		b. Project		
15. ESTIMATED FUNDING:				SUBJECT TO REVIEW BY S	STATE EXECUTIVE
a. Federal	\$	00	ORDER 12372 PF	(UCESS /	
	7	500	a. YES. THIS PREA	APPLICATION/APPLICATION	WAS MADE
b. Applicant	\$	500 "	1	E TO THE STATE EXECUTIV FOR REVIEW ON:	E ORDER 12372
c. State	ECEIVED	.00	DATE		
d. Local	\$ JUL 0 8 2005	.00	b. No. TI PROGRA	AM IS NOT COVERED BY E.	O. 12372
e_Other	\$.00		GRAM HAS NOT BEEN SELE	
SEK trogram STA	FE CLEARING HOUSE	000	FOR REV	/IEW	
L			17. IS THE APPLICA	NT DELINQUENT ON ANY F	EDERAL DEBT?
g. TOTAL	\$ 10),000°	Yes If "Yes,"	attach an explanation.	☑ No
18. TO THE BEST OF MY KNOW	LEDGE AND BELIEF, ALI	DATA IN THIS APPLIC			
DOCUMENT HAS BEEN DULY			E APPLICANT AND T	HE APPLICANT WILL COMP	LY WITH THE
a. Type Name of Authorized Repre		RDED. b. Title		In Tolophone Number	
Cruz Ramos	Sacritative	City Manager		c. Telephone Number (559) 693-4311	
d. Signature of Authorized Repres	entative			e. Date Signed	

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APPLICATION FOR



\ /_	!	7/03

FEDERAL ASSISTANCE		2. DATE SUBMITTED		Applicant Ider	Applicant Identifier	
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY	STATE	State Application Identifier		
☐ Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identi	fier	
Non-Construction 5. APPLICANT INFORMATION	Non-Construction					
Legal Name:			Organizational Uni	•		
County of Fresno			Department: Department of Public	W-1-1	nnina	
Organizational DUNS: 078787397			Division: Community Develop			
Address:			Name and telephor	e number of pe	erson to be contacted on matters	
Street:			involving this appli	cation (give are	ea code)	
2220 Tulare Street, 8th Floor City:			Prefix: Ms.	First Name: Irma		
Fresno			Middle Name			
County: Fresno			Last Name Yepez-Perez		;	
State: CA	Zip Code 93721		Suffix:			
Country: U.S.A.			Email: iyperez@co.fresno.	ca.us		
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):		Phone Number (give		Fax Number (give area code)	
94-6000512			(559) 262-4292		(559) 488-3940	
8. TYPE OF APPLICATION:			7. TYPE OF APPLIC	ANT: (See bac	k of form for Application Types)	
	Continuation	Revision	B County			
(See back of form for description	of letters.)		Other (specify)			
Other (specify)			9. NAME OF FEDER U.S.D.A. Rural Deve			
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANCE	E NUMBER:	11. DESCRIPTIVE T		CANT'S PROJECT:	
Housing Preservati	on Grant	10-433	Owner-Occupied Ho	using Rehabilita	tion Project in rural Fresno County	
TITLE (Name of Program):						
12. AREAS AFFECTED BY PRO	OJECT (Cities, Counties,	States, etc.):				
Fresno County unincorporated re						
13. PROPOSED PROJECT			14. CONGRESSION	AL DISTRICTS	OF:	
Start Date: 10/1/05	Ending Date: 9/30/07		a. Applicant		b. Project	
15. ESTIMATED FUNDING:	9/30/07		18, 19, 20, 21	N SUBJECT TO	18, 19, 20, 21 REVIEW BY STATE EXECUTIVE	
a. Federal \$		00	ORDER 12372 PRO	CESS?		
ľ.		92,108	a. Yes. Z THIS PR	REAPPLICATION BLE TO THE ST	I/APPLICATION WAS MADE ATE EXECUTIVE ORDER 12372	
b. Applicant \$	= OFIVE	92,108		SS FOR REVIEW		
c. State \$	RECLIVE	D \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	DAȚE: 1	May 10, 2005		
d. Local \$	JUL 0 8 2005	5	b. No. 🖺 PROGRA	AM IS NOT COV	ERED BY E. O. 12372	
e. Other \$		00	☐ OR PRO		T BEEN SELECTED BY STATE	
f. Program Income \$9	TATE CLEARING H	005=			NT ON ANY FEDERAL DEBT?	
g. TOTAL		00 184,216	☐ Yes If "Yes" attac	h an explanation	🛛 No	
18. TO THE BEST OF MY KNOW	VLEDGE AND BELIEF,	ALL DATA IN THIS APPL	ICATION/PREAPPI	ICATION ARE T	DIE AND COPPECT THE	
DOCUMENT HAS BEEN DULY A ATTACHED ASSURANCES IF T	AUTHORIZED BY THE G	SOVERNING BODY OF T	HE APPLICANT AND	THE APPLICA	NT WILL COMPLY WITH THE	
a. Authorized Representative	First Name		F			
Mr.	First Name Cecil		Middle	Name		
Last Name Leonardo			Suffix	***************************************		
b. Title Interim Director, Department of P	ublic Works ap	g	c. Telephone Number (give area code) (559) 262-4078			
d. Signature of Authorized Repres	Zionaido					

APPLICATION FOR				#304 POP 434 OMB Approval	No. 0348-0043	
FEDERAL ASSISTAN	NCE	2. DATE SUBMITTED		Applicant Identifier		
I EDEIVIE AGGIOTA		May 5,	2005			
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier		
Application Construction	Preapplication Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier		
Non-Construction	Non-Construction	A DATE RECEIVED D.				
5. APPLICANT INFORMATION						
Legal Name: CITY OF FIREBAUG	Н	· .	Organizational Unit: POLICE AND		· · · · · · · · · · · · · · · · · · ·	
Address (give city, county, State,	and zip code):			number of person to be contacted on n	natters involving	
1575 11TH STREET,	FIREBAUGH CA	93622	this application (give at LT. LOPEZ (559) 659-305	OR FIRE CHIEF E		
6. EMPLOYER IDENTIFICATION	NUMBER (EIN):		7. TYPE OF APPLICA	NT: (enter appropriate letter in box)	=	
94-6000	3 3 3		A. State H. Independent School Dist.			
8. TYPE OF APPLICATION:	<u> </u>		B. County	I. State Controlled Institution of Highe	r Learning	
√ New	☐ Continuation	Revision	C. Municipal	J. Private University		
T .		<u> </u>	D. Township E. Interstate	K. Indian Tribe L. Individual		
If Revision, enter appropriate lette	er(s) in box(es)		F. Intermunicipal	M. Profit Organization		
A. Increase Award B. Dec	Duration	G. Special District	N. Other (Specify)			
D. Decrease Duration Other(s	specify):		9. NAME OF FEDERA	U ACENCY:		
			USDA - RURAL			
	NATIONAL COLOTANICE NI	MPED.		TLE OF APPLICANT'S PROJECT:		
10. CATALOG OF FEDERAL DO	MESTIC ASSISTANCE NU]		į		tmont and	
	` [1 0 - 7 6 6	an infrared therm	cy vehicle for the police depar to imaging device for the fire d	epartment.	
TITLE: Community I		ofon ofo):	-		•	
· · · · · · · · · · · · · · · · · · ·	•					
City of Firebaugh (Mutual	Aide requests for Mad	era & Fresno Co)				
13. PROPOSED PROJECT	14. CONGRESSIONAL DIS	stricts of:	<i>Ha</i>			
Start Date Ending Date	a. Applicant	0 2 4,	b. Project			
	201	th		20th	VEALURA (E	
15. ESTIMATED FUNDING:			16. IS APPLICATION ORDER 12372 PR	SUBJECT TO REVIEW BY STATE E	XECUTIVE	
a. Federal	\$	00	ORDER 1207211			
		25,850	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE			
b. Applicant	\$	•	1	AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:		
c. State	RECEIVE	D ®	DATE	05/06/05		
d. Local	\$ JUI 0 8 2005	5,400		NAM IS NOT COVERED BY E. O. 1237		
e. Other	\$	15,750 0	OR PRO	GRAM HAS NOT BEEN SELECTED E /IEW	SY STATE	
f. Program Income	FATE CLEARING HO	USE .ºº			DEDTO	
g. TOTAL	\$	47,000		NT DELINQUENT ON ANY FEDERAI attach an explanation.	☑ No	
18. TO THE BEST OF MY KNOW	VLEDGE AND BELIEF, ALI	L DATA IN THIS APPLIC	ATION/PREAPPLICAT	TION ARE TRUE AND CORRECT, TH	IE	
DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZED BY THE GO	VERNING BODY OF TH	E APPLICANT AND TI	HE APPLICANT WILL COMPLY WITI	1 THE	
a. Type Name of Authorized Rep	resentative	b. Title		c. Telephone Number (559) 659-2043		
Jose Antonio Ramirez d. Signature of Authorized Repres	sentative ,	City Manager		e. Date Signed		
	2Men			05-05-05		

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JUL-06-2005 14: AMPLICATION FOR	14 DOT/	TPP		916 653 0001 P.06/08 OMB Approval No. 0348-004
FEDERAL ASSISTAN	1CE	2. DATE SUBM	ITTED	Applicant Identifier
		April	14, 2005	FY 2005 SP&R Partnership Planning
1 TYPE OF SUBMISSION:	1		VED BY STATE	State Applicant Identifier
Application	Preapplication			04 5004044 5
Construction	Construction	4 DATE BECE	VED BY FEDERAL AGENCY	94-6001344-C Federal Identifier
X Non-Construction	Non-Construction		AFD DI I FDEIIVE VARIAS.	7 Gastar Idantona
5. APPLICANT INFORMATION				
Legal Name:			Organizational Unit:	
California Department of			Division of Transportat	
Address (give city, county, State			•	person to be contacted on matters involving
P. O Box 942874, MS - 32	· P	ECEIVED	this application (give area code)	•
Sacramento, CA 94274-0	001	LUCIVEL		
Sacramento County		JUL 0 6 2005	Transportation Plannin	
6. EMPLOYER IDENTIFICATIO		JOL 0 0 2003	7. TYPE OF APPLICANT: (ente	
94-60013	STAT	E CLEARING HOU	A. State H. Inder	pendent School Dist.
B. TYPE OF APPLICATION:			B. County I. State	controlled Institution of Higher Leaming
☐ Ma 107 A.	valioustics []	aiaa	•	te University
New X Co	onlinuation Revi	. SION	D. Township K. India: E. Interstate L. Individ	
lf Revision, enter appropriate lett	er(s) in box(es)			t Organization
			G. Special District N. Other	r (Specify)
A. Increase Award B. Dec D. Decrease Duration Other (rease Award C. Increas		9. NAME OF FEDERAL AGENC	٧.
D. Decrease Duration Curar (specify).		Department of Transpo	
			Federal Highway Admir	
10. CATALOG OF FEDERAL DO	: MESTIC ASSISTANCE	NÜMRÉÐ:	11. DESCRIPTIVE TITLE OF A	
or or interest of the beautiful be		romber:	The property that the property	, Liorati d'indepati
	2 0	5 1 5	FY 2005/06 Federal Plan	nning & Research Funds
	nd Research Progra		\$1,059,625.00 in FHWA	SP&R Funds (Estimate)
12. AREAS AFFECTED BY PRO	JECT (Cities, Countles,	States, etc.):		
State of California				
13. PROPOSED PROJECT:	14. CONGRESSIONAL	L DISTRICTS OF:		
FY 2005 OWP Program		a Statewide		
Start Date Ending Date	a. Applicant		b. Project	1.00 %
July 1, 2005 June 30, 2006 15. ESTIMATED FUNDING:	Statewide		Statewide Planning & R	TO REVIEW BY STATE EXECUTIVE
TO BUILDING			ORDER 12372 PROCESS	TO REVIEW BY STATE EXECUTIVE
a. Federal	\$.00,		
	1,059,625	5	a. YES. THIS PREAPPLICA	ATION/APPLICATION WAS MADE
b. Applicant	\$.00	AVAILABLE TO THE	STATE EXECUTIVE ORDER 12372
c. State			PROCESS FOR REV	/IEW ON:
. State	\$.00.	DATE April 14	2005
i. Local	\$.00	DATE April 14	, 2003
	264,906		b. No. PROGRAM IS N	OT COVERED BY E. O. 12372
e. Other	\$.00		HAS NOT BEEN SELECTED BY STATE
. Program Income	s	.00	FOR REVIEW	
	<u> </u>		17. IS THE APPLICANT DELING	UENT ON ANY FEDERAL DEBT?
). TOTAL	\$.00.	A DESTRUCTION	
	1,324,531	1	Yes If "Yes," attach an ex	· • • • • • • • • • • • • • • • • • • •
B. TO THE BEST OF MY KNOW	LEDGE AND BELIEF,	ALL DATA IN THIS A	PPLICATION/PREAPPLICATION	ARE TRUE AND CORRECT, THE
DOCUMENT HAS BEEN DULY A THE ATTACHED ASSURANCES	NUTHORIZED BY THE C	20VERNING BODY O	F THE APPLICANT AND THE A	PPLICANT WILL COMPLY WITH
L Type Name of Authorized Rep			FFICE OF REGIONAL	c. Telephone Number
SHARON SCHERZINGER		-		'
1. Signature of Authorized Repres	sentative :	ANUINIE	RAGENCY PLANNING	(916) 653-3362 e. Date Signed
Maran V.	Variation !	~		
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JUL-06-2005 14:1	L4 DOT	·/TPP		916 653 0001 P.05/08 OMB Approval No. 0348-0043
FEDERAL ASSISTAN	1CE ĸ	2. DATE SUE	BMITTED	Applicant Identifier
		Ap	ril 14, 2005	FY 2005 PL Overall Work Program
1 TYPE OF SUBMISSION:	I		CEIVED BY STATE	State Applicant Identifier
Application	Preapplication Construction			94-6001344-C
Construction	Construction	4. DATE REC	EIVED BY FEDERAL AGENCY	Federal Identifier
X Non-Construction	Non-Construction	on [']		
5. APPLICANT INFORMATION				
Legal Name:	_		Organizational Unit:	
California Department of			Division of Transportation	
Address (give city, county, State, P. O Box 942874, MS - 32			this application (give area code)	erson to be contacted on matters involving Sharon Scherzinger, Chief
Sacramento, CA 94274-0		and a part of the latter of th	Office of Regional and In	<u>-</u> .
Sacramento County	l BE	CEIVED	Transportation Planning	
6. EMPLOYER IDENTIFICATION			7. TYPE OF APPLICANT: (enter	
94-60013	47 J	IUL 0 6 2005		A
			⊣ 1	ndent School Dist.
8. TYPE OF APPLICATION:	STATI	E CLEARING HOUS	SE B. County I. State co	ntrolled Institution of Higher Learning
☐ New X Co	ntinuation Re	evision	D. Township K. Indian	Tribe
If Revision, enter appropriate lette	or(e) to havioc)	¬ r ¬	E. Interstate L. Individu	·
in measion, enter appropriate lette	ZI(O) III DOX(ES)	J []	F. Intermunicipal M. Profit C G. Special District N. Other (Organization Specify)
1	rease Award C. Incre	ase Duration		
D. Decrease Duration Other (specify):		9. NAME OF FEDERAL AGENCY	
			Department of Transport Federal Highway Adminis	
10 CATALOG OF FEDERAL DO	MEGTIC ACCIGNAL	OF AUMOED	-	-
10. CATALOG OF FEDERAL DO	MESTIC ASSISTANC	CE NUMBEH:	11. DESCRIPTIVE TITLE OF APP	CICANT'S PROJECT:
	2 0	2 0 5	FY 2005/06 Federal Plann	ing Funds
TITLE: MPO Highway Pla			\$35,572,578.00 în FHWA	PL Funds (Estimate)
12. AREAS AFFECTED BY PRO	JECT (Cities, Countie	es, States, etc.):	7.	
State of California				
13. PROPOSED PROJECT:	14. CONGRESSION			
Start Date Ending Date	Califor a. Applicant	nia Statewide	b. Project	
July 1, 2005 June 30, 2006	Statewide		Statewide Metropolitan P	lanning
15. ESTIMATED FUNDING:				O REVIEW BY STATE EXECUTIVE
a Fodoril	14		ORDER 12372 PROCESS	·
a. Federal	25 570	.00	- VEC. THE PREADELICAT	IONIA DELICATION MAGAMAS
b. Applicant	35,572, \$.00		ION/APPLICATION WAS MADE STATE EXECUTIVE ORDER 12372
			PROCESS FOR REVI	
c. State	\$.00		
d. Local	\$.00	DATE April 14,	2005
	4,608,8		b. No. PROGRAM IS NO	T COVERED BY E. O. 12372
e. Other	\$.00		AS NOT BEEN SELECTED BY STATE
f. Program Income	\$.00	FOR REVIEW	
	-	.00.	17. IS THE APPLICANT DELINGU	ENT ON ANY FEDERAL DERT?
g. TOTAL	\$.00	7	
40 20 11	40,181,		Yes If "Yes," attach an exp	- I
DOCUMENT HAS BEEN OUT VA	LEDGE AND BELIEF	F, ALL DATA IN THIS	APPLICATION/PREAPPLICATION A OF THE APPLICANT AND THE APP	RE TRUE AND CORRECT, THE
THE ATTACHED ASSURANCES	IF THE ASSISTANCE	: GOVERNING BODY E IS AWARDED.	OF THE APPLICANT AND THE APP	LICANT WILL COMPLY WITH
a. Type Name of Authorized Repr	resentative		OFFICE OF REGIONAL	c. Telephone Number
SHARON SCHERZINGER	1	AND IN	TERAGENCY PLANNING	(916) 653-3362
d. Signature of Authorized Repres	eptative			e. Date Signed
X/IMONX WA	LISTACO	7		April 14, 2005
Previous Edition Usable Authorized for Local Reproduction	07	•		Standard Form 424 (Rev. 7-97) Prescribed by OMB Circular A-102
•				1 100011100 by Ollowia A-102

APPLICATION FOR	ס סטויופר			OMB Approval No. 0348-00
FEDERAL ASSISTAN	ICE \	2. DATE SUBM	NITTED	Applicant Identilier 49 U.S.C.,
		l	l 14, 2005	CH. 53, Sections 5303 and 5313(b)
1 TYPE OF SUBMISSION:			IVED BY STATE	State Applicant Identifier
Application	Preapplication			
Construction	Construction	A DATE DEOP	IUCD DV FEDERAL ACENOV	94-6001344-C Federal Identifier
X Non-Construction	Non-Construction	4. DATE HECE	IVED BY FEDERAL AGENCY	receratioentmer
5. APPLICANT INFORMATION				
Legal Name:		CONTRACTOR OF THE PROPERTY OF	Organizational Unit:	
California Department of		SEWED	Division of Transportation	
Address (give city, county, State,	1 "	Jan I V Issa Lav	1 1	erson to be contacted on matters involving
P. O Box 942874, MS - 32 Sacramento, CA 94274-0	1 11 11	0 6 2005	this application (give area code) Office of Regional and Ir	- ,
Sacramento County		-	Transportation Planning	
6. EMPLOYER IDENTIFICATION	N NUMBER /FINSTATE C	LEARING HOU	7. TYPE OF APPLICANT: (enter	
94-60013		NATIONAL STATE OF THE PARTY OF		endent School Dist.
8. TYPE OF APPLICATION:			4	ontrolled Institution of Higher Learning
			C. Municipal J. Private	University
New X Co	ntinuation	l	D. Township K. Indian E. Interstate L Individu	
 If Revision, enter appropriate lette	er(s) in box(es)	7	· ·	Organization
,			G. Special District N. Other	•
	rease Award C. Increase D	uration		
D. Decrease Duration Other (specify):		9. NAME OF FEDERAL AGENCY	
			Department of Transport Federal Transit Administ	
45 40 51 40 65 45 40 65		_		
10. CATALOG OF FEDERAL DO	IMESTIC ASSISTANCE NU		11. DESCRIPTIVE TITLE OF APP	PLICANTS PHOJECT:
	2 0 - 5	1 4	FY 2005 49 U.S.C., Chapt	ter 53, Section 5303
TITLE: Transit Planning			••• · · · · · · · · · · · · · · · · · ·	rogram - \$9,537,983 (Estimate)
12. AREAS AFFECTED BY PRO	JECT (Cities, Countles, Sta	ites, etc.):	FY 2005 49 U.S.C. Chapte	
State of California			State Planning & Resear	ch Program - \$1,852,405 (Estimate)
13. PROPOSED PROJECT:	14. CONGRESSIONAL DI	STRICTS OF:		:
FY 2005 OWP Program Start Date Ending Date	California S	tatewide	Via Protoco	
Start Date Ending Date July 1, 2005 June 30, 2006	a. Applicant Statewide		b. Project Statewide Transit Planni	ng
15. ESTIMATED FUNDING:	Otheride			TO REVIEW BY STATE EXECUTIVE
			ORDER 12372 PROCESS	
a. Federal	\$.00	1	
	11,390,388			TION/APPLICATION WAS MADE
b. Applicant	\$.00		STATE EXECUTIVE ORDER 12372
c. State	\$.00	PROCESS FOR REVI	EVV UIN:
			DATE April 14	, 2005
d. Local	\$.00		
e. Other	1,475,746		1 1	OT COVERED BY E. O. 12372
a. Outer	\$.00	OH PROGRAM H	IAS NOT BEEN SELECTED BY STATE
f. Program Income	\$.00	- OTTIEVIEW	
			17. IS THE APPLICANT DELING	JENT ON ANY FEDERAL DEBT?
g. TOTAL	\$ 12,866,134	.00	Yes If "Yes," attach an exp	Noneties IVI No
18 TO THE BEST OF MY KNOW		DATA IN THIS A	PPLICATION/PREAPPLICATION A	
DOCUMENT HAS BEEN DULY A THE ATTACHED ASSURANCES	luthorized by the gov	ERNING BODY C	PPLICATION/PREAPPLICATION A OF THE APPLICANT AND THE API	PLICANT WILL COMPLY WITH
a. Type Name of Authorized Rep			FFICE OF REGIONAL	c. Telephone Number
SHARON SCHERZINGER	7)		ERAGENCY PLANNING	(916) 653-3362
d. Signature of Authorized Repre	sentative	AID IIII		e. Date Signed
human In	here the contract of			April 14, 2005
Previous Edition Usable	uyin y	<u> </u>		Standard Form 424 (Rev. 7-97)
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APPLICATION FOR		2. DATE SUBMITT	ED	cant identifier	
FEDERAL ASSISTAN	ICE			· ·	
1. TYPE OF SUBMISSION:		3. DATE RECEIVE	D BY STATE S	tate Application Identifier	
Application	Preapplication				
✓ Construction	Construction	4. DATE RECEIVE	DEV FEDERAL ADERCY F	बद्दित्य विकासीर्वे वर	
Non-Construction	Non-Construction		A Company of the Comp		
5. APPLICANT INFORMATION	langer states		Organizational Unit:		
* Legal Name: Petaluma Ecul	menical Properties		Department:	Harafa ja a 1000 usa 100 august 1	
* Organizational DUNS:	027338032		Division:		
Address:			Name and telephone number this application (give area cod	of person to be contacted on matters involving	
* Street1: 3920 Cypress Drive	, Suite B			Name: Mary	
Street2:			Middle Name:		
* City: Petaluma	* City: Petaluma County Sonoma				
* State: CA * Zip (Code: 94954 * Co	untry USA	* Last Name: Stompe Suffix: * Em	ail: marys@pephousing.org	
6. * EMPLOYER IDENTIFICATION	ON NUMBER (EIN):		* Phone Number (give area or		
94-2565270	The state of the s	THED !	(707) 782-2338	(707) 762-4657	
8. TYPE OF APPLICATION:	TOFO		7. * TYPE OF APPLICANT:	zation (Other than Institution of F	
✓ New Continuat	ion Revision	- 6 2005	Other (specify)		
If Revision, enter appropriate lette	r(s) in box(es)	- 0 -			
A. Increase Award B. Decrease Awa	rd C. increase Duration	LEARING HOUSE	9. * NAME OF FEDERAL AC	SENCY:	
D. Decrease Duration Other (specify)	· LOTATE C	review.	US Department of Housing and Urban Development		
10. CATALOG OF FEDERAL DO	MESTIC ASSISTANCE	14.157		OF APPLICANT'S PROJECT:	
TITLE: Supportive Housing for the	Elderly	ng ang tagan dan salah ang	Casa Grande - 58-unit (57 +	1 Mgr unit) affordable senior rental housing	
12. * AREAS AFFECTED BY PF	OFOT OF COME			remely low income elderly with rental	
City of Petaluma, Sonoma Count	The second secon	913.)	Application Contract.		
	y, Omnorina	entre production of the			
13. * PROPOSED PROJECT:	of grown area and a		14. * CONGRESSIONAL DISTRICTS OF:		
* Start Date	* Ending Date	i	* a. Applicant	* b. Project	
11/01/2006	11/01/2047		6	6	
15. * ESTIMATED FUNDING:				ECT TO REVIEW BY STATE EXECUTIVE	
* a. Federal	\$ 6,429,28	11.00	ORDER 12372 PROCESS?	NUMBER INTO THE PROPERTY OF TH	
* b. Applicant	\$ 10,00	00.00		ON/APPLICATION WAS MADE AVAILABLE TO ER 12372 PROCESS FOR REVIEW ON:	
* c. State	\$ 3,900,00	00.00	✓ YES: DATE 06/28/2005		
* d. Local	\$ 2,072,50	00.00	b. PROGRAM IS NOT	COVERED BY E.O. 12372	
* e. Other	\$		OR PROGRAM HA	S NOT BEEN SELECTED BY STATE FOR REVIEW	
* f. Program income	\$		17. IS THE APPLICANT DEL	INQUENT ON ANY FEDERAL DEBT?	
g. TOTAL	\$ 18,435,78	11.00	Yes If "Yes," attach	an explanation.	
18, * TO THE BEST OF MY KNOWLEDGE GOVERNING SODY OF THE APPLICANT				DOCUMENT HAS BEEN DULY AUTHORIZED BY THE AWARDED.	
a. Authorized Prefix:	* First Name: N	lary	Middle Nan	ne	
Representative * Last Name:	Stompe			Suffix:	
* b. Title: Executive Director		* c. Tele	ephone Number (give area code): [(707) 762-2336	
* Email: marys@pephousing.or	rg	Fax Nu	mber (give area code):	(707) 762-4657	
d. Signature of Authorized Repres	sentative: Comple	eted on submission to	Grants.gov e. Date Sigr	ned: Completed on submission to Grants.gov	
Previous Edition Usable	H		1 6	Standard Form 424 (Rev. x-xx)	

PPLICATION FOR EDERAL ASSISTANCE	E	[2	. DATE SUBMITTED		Applicant Identi	tier	
		J	June 28,2005 3. DATE RECEIVED BY STATE		State Application Identifier		
. TYPE OF SUBMISSION: Application	Pre-application	. 1			Federal Identifie	ar	
Construction	Construction	. 4	. DATE RECEIVED BY	FEDERAL AGENCY	regeral identific	5 1	
Non-Construction Non-Construction	Non-Constru	1					
5. APPLICANT INFORMATION				Organizational Unit	<u>:</u>		
egal Name:		PRESENTABLE AND CORDS	The contract was the contract of the contract	Department:			
Yolo Mutual Housing Associati	ion	Fransf	The I have have	Division:			
Organizational DUNS:		MCOTTON.	and House & Mr.	1 7		the sector of the second sector of the secto	
023778066 Address:			- 6 200s	Name and telephor involving this appl	ne number of per	son to be contacted on matters	
Street:			JE O CUUN	Prefix:	First Name:		
430 F Street	ı	STATE	CLEARING HOUSE		(Elizabeth)		
City: Davis			Telaning house	Middle Name Kim			
			The state of the s	Last Name		•	
County: Yolo				Coontz Suffix:			
State: California	Zip Code 95616						
Country:				Email: yolomha@sbcglob	al.net		
USA	TON NITMBED /E	:INI)·		Phone Number (give		Fax Number (give area code)	
6. EMPLOYER IDENTIFICAT		ч/.		(530) 297-1032		(530) 297-1033	
68-0386360				CANT: (See bac	k of form for Application Types)		
8. TYPE OF APPLICATION:	. 1771 -	. 41 41	n Revision				
If Revision, enter appropriate	lew Ⅱ』Cor letter(s) in box(es)	ntinuatio:)	I III VAAISIOII	1	Not for Profit Organization		
(See back of form for descripting	ion of letters.)		П	Other (specify)			
			Ш	9. NAME OF FEDE	ERAL AGENCY:	- A Dunings and Consentius Dro	
Other (specify)				USDA Rural Coop	erative Developme	ent, Business and Cooperative Prod CANT'S PROJECT:	
10. CATALOG OF FEDERA	L DOMESTIC AS	SISTANC	E NUMBER:	11. DESCRIPTIVE	TITLE OF APPL	Rural Cooperative Development	
			1 0 - 7 7 1	Preserving and Ad	ivancing California	Ruiai Cooperative Development	
TITLE (Name of Program):							
	DDO IECT /Cition	Counties	States etc.):	-			
12. AREAS AFFECTED BY	Character (Cities	hama C	of San Joaquin Volo				
CA Counties Include: Butte,	Glenn, Colusa, Te	enama, St	iller, Garrauaquiri, 1010,	14. CONGRESSIO	NAL DISTRICTS	OF:	
13. PROPOSED PROJECT	Ending Dat	le.		a. Applicant		b. Project	
Start Date: October 5, 2005	September	r 30, 2006			ON OUR LEAT TO	REVIEW BY STATE EXECUTIVE	
15. ESTIMATED FUNDING:			·				
			00	TUIC	DDEADDI ICATIO	N/APPLICATION WAS MADE TATE EXECUTIVE ORDER 12372	
a. Federal	267,	472				TATE EXECUTIVE ORDER 12372 W ON 6/29 - sent by	
b. Applicant (match)	\$		•			mail mail	
c. State	\$ 05	1417	.00	DATE	: 6/29/05		
	70,	147	00	PROC	GRAM IS NOT CO	VERED BY E. O. 12372	
d. Local	Þ		•	D. NO. 11.3		OT BEEN SELECTED BY STATE	
e. Other	\$			U EOB	DEVIEW		
f. Program Income	\$.00	17. IS THE APPL	ICANT DELINQU	ENT ON ANY FEDERAL DEBT?	
			00			on 🗷 No	
g. TOTAL	\$ 359	7,619	•	☐ Yes If "Yes" a	ttach an explanati		
18. TO THE BEST OF MY			F, ALL DATA IN THIS A	APPLICATION/PREAF	PPLICATION ARE	TRUE AND CORRECT. THE	
COCHECUT USE DEEN DI	III Y AIII HURIZE	יחו זפט	E GOAFIVIATIO DOD.	JE THE AFFLICANT	JIAN 1118 VI 1 PIC	CANT WILL COMPLY WITH THE	
ATTACHED ASSURANCES a. Authorized Representativ	or the Assisti	MRUE 13	THAILUME.	- L -	Iddle Name		
Prefix Ms	First Name	lizah-	- h1	M	iddle Name		
Lost Namo	Lucas ZI	caper	.,,,	Si	ıffix		
Last Name Frerichs Coontz					Telephone Numb	er (give area code)	
b. Title Board President Exec	while D	irector	<i>.</i>),	(5	530) 297-1032		
d. Signature of Authorized F	Representative	8 Kin	- Par A	e.	Date Signed 6	120105	
D. O.B	. (-9Cm	2 Lor			Standard Form 424 (Rev 9-20	

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Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

APPLICATION FOR					Version 7/03		
FEDERAL ASSISTANCE		June 20, 2005		App. nt Identifier OCS-01-01			
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY STATE		State Applicati	on Identifier		
Application	Pre-application	4. DATE RECEIVED BY	VEDERAL AGENO	Y Federal Identif	ior		
☑ Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENO	rederal identili	iei		
Non-Construction	Non-Construction						
5. APPLICANT INFORMATION			Organizational Unit:				
Legal Name: The East Los Angeles Community Union			Department:				
Organizational DUNS: 010		Division:					
Address:			Name and telephone number of person to be contacted on matters				
Street:			involving this application (give area sode) Prefix: First Name:				
5400 East Olympic Boulevard			Mr.	Thist Harrie.	JOSE CHILL		
city: Los Angeles			Middle Name		PECEIVED		
County: Los Angele			illalobos	JUL - 6 2005			
State: California	Zip Code 9002	2	Suffix:		STATE CLEAR		
Country: USA			Email: jvtelacu@aol_com CLEARING HOUSE				
6. EMPLOYER IDENTIFICATION			Phone Number (give area code) Fax Number (give area code) 323-721-1655 323-721-3560				
9 5 - 25 5 4 2 5 8. TYPE OF APPLICATION:	6				c of form for Application Types)		
IX Ne	n 🔲 Revision	Non-Profit Community Development					
If Revision, enter appropriate let (See back of form for description	ter(s) in box(es)		Other (specify) Corporation				
			,,,				
Other (specify)		9. NAME OF FEDERAL AGENCY: DHHS-ACF/OCS					
10. CATALOG OF FEDERAL COmmunity Econo	DOMESTIC ASSISTANCE	E NUMBER:	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:				
	- - - - -		Revitalization of a building at TELACU Industrial Park to create				
	Project	1					
12. AREAS AFFECTED BY PR		71 new jobs for low income people. Operational-HHS-2005-ACF-OCS-EE-001					
Los Angeles	·	s, States, etc.).	Operation	nal-HHS-20	JUS-ACF-OCS-EE-UUL		
13. PROPOSED PROJECT	1		14. CONGRESSIO	ONAL DISTRICTS	OF:		
Start Date:	Ending Date:		a. Applicant		b. Project		
9/30/05	9/30/08			,29,30	29		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?					
a. Federal \$	7(00,000	a. Yes. 🏻 THIS	PREAPPLICATION ABLE TO THE STA	/APPLICATION WAS MADE ATE EXECUTIVE ORDER 12372		
b. Applicant \$			·	ESS FOR REVIEW			
c. State \$			DATE: June 20, 2005				
d. Local \$. 00	b. No. PROGRAM IS NOT COVERED BY E. O. 12372				
e. Other \$	5,52	26,165 · "		ROGRAM HAS NO' REVIEW	T BEEN SELECTED BY STATE		
f. Program Income \$					NT ON ANY FEDERAL DEBT?		
g. TOTAL \$	6,22	26,165	Yes If "Yes" att	tach an explanation	. X No		
18. TO THE BEST OF MY KNO							
ATTACHED ASSURANCES IF			- I I I I I I I I I I I I I I I I I I I	HIL AFFEICA			
a. Authorized Representative Prefix	First Name	Jose	Mid	Idle Name			
MIT.		Suf	Suffix				
b. Title Sonior V		c. <u>I</u>	c. Telephone Number (give area code)				
Senior V d. Signature of Authorized Repre	ice Presider		323-721-1655 e. Date Signed				
d. Signature of Authorized Repre		e. L	June 20, 2005				
D					04-1-1- 15- 404 (5-0-000)		

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						OMB Approval No. 0348-0043			
APPLICATION FOR 2. DAT FEDERAL ASSISTANCE		2. DATE SUBMITY .7/5/	5UBMITTED .7/5/05		Applic Jentilier N/A	4			
		3. DATE RECEIVE			State Applicant Identifier				
Application	Preapplication				N/A	1			
☐ Construction	Construction	4. DATE RECEIVED BY PEDERAL AGENCY		GENCY F	ederal Identifier	ī/A			
⊠ Nan-Construction	Non-Construction					VA.			
5. APPLICANT INFORMATION									
Legal Name: Solano County Sheriif's Department				Organizational Unit:					
Organizational DUNS: 868473448			Division:						
Address (give city, county, state, and zip code):				Name and telephone number of person to be contacted on matters involving this application (give area code)					
Solano County Sherriff's Office			Name:	Name: Ryan J. Pistochini					
530 Union Avenue, Suite 100									
Fairfield, CA 94533				Phone: (707) 421-6691					
6. EMPLOYER IDENTIFICATION	NUMBER (EIN):		7. TYPE	7. TYPE OF APPLICANT: (enter appropriate letter in box)					
94600	2538		A. St	A. State H. Independent School Dist.					
8. TYPE OF APPLICATION:				E. County I. Stare Controlled Institution of Migher Learning C. Municipal J. Private University					
6. THE OF APPLICATION:			1	unicipai ownship	J. Private University K. Indian Tribe				
⊠ Ne	ew 🔲 Continuation	☐ Revision	1	E. Interstate L. Individual					
If Revision, enter appropriate lette	or(n) in hor(on):		1	itermunicipal pecial District	M. Profit Organization N. Other (Specify)				
	· · · · · · · · · · · · · · · · · · ·	Increase Duration		FRUIT - 14(1)-1					
	Mher (specify):		9. NAME	9. NAME OF FEDERAL AGENCY:					
				Department of Justice					
			-	Office of Community Oriented Policing Services					
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:				11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:					
1 8 7 1 9				Justice Intelligence System					
TITLE: 2005 Technology Initiative				and					
12. AREAS AFFECTED BY PROJECT (cities, countles, states, etc.):				1					
			Eme	Emergency Operations Management System					
13. PROPOSED PROJECT:	14, CONGRES	SIONAL DISTRICT	S OF:						
Start Date Ending Date									
12/08/2004 12/07/2	0005 3-4 7								
12/08/2004 12/07/2005 3rd, 7th, 10th 3rd, 7th, 10th									
18. ESTIMATED FUNDING:			16.	· ·	ATION SUBJECT TO REVIEW 172 PROCESS?	BY STATE EXECUTIVE			
a. Federal	S	\$98,6	i						
b. Appilcant	The state of the s				9 Preapplication/applica Allable to thestate exec				
at Application	ECEIVED)	.00		OCESS FOR REVIEW ON:	SO TIVE GROEN TEST			
c. State	EVLIVEL		٥٥.			•			
	111 0 5 2005			DA	TE 7/5/05				
d. Local	\$.۵٥	L LA	BBAGBAN IA NAT AAN	ED-01/-D-0-40076			
a Other CTA	TE CLEARING HO	USE		ь. NO. 🔲	PROGRAM IS NOT COVER				
	1 Gr		.00	L	FOR REVIEW	EEN SELECTED BY STATE			
f. Program income	Z		.00.			11/4			
g. TOTAL	2	54 .00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? [] Yes, "aftech an explanation.						
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.									
a. Typed Name of Authorized R			Title	-,,	Anti-	c. Talephone number			
Barbara R. Kondylis Cha			airwoman.	rwoman. Board of Supervisors (707) 553-5363					
d. Signature of Authorized Representative									
						·			